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 :	on 201	50331				port ed B		CANDI	DATE		соми	MITTEE	ITTEE / LOBBY		SYIST		
Name of Filing C	Committee, Candi	date or L	obbyist:		COI	ММІТ	TEE	TO ELEC	Γ CIND	Y MII	LER						
Street Address:	4797 N. CYP	RESS RC)AD														
City:	WALNUTPOR	Т						State:	PA			Zip Cod	ie: 18	8088			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	~	1
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	y pre	= -	5.	30 DA ELECT		POST-	OST- 6.			ATION ?	Yes	No	~	
report type)	ANNUAL REPORT	7. X	Year 2015					ING METHOD) CHECK ONE				PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candida	ate:	-					DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code	
								МО	DAY	YE	AR	Ivamber	couc	REP		48	
								11		3	2015		(SEE IN	STRUCTIO	ONS FOR C	ODES)	
•	Receipts and	МО	DAY	YEAR	ł			МО	DAY	YI	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		11 24	2	015	T	0	12		31	2015						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				0.00						
B. Total Monetary Contributions And Receipts (From Schedule I)									8,5	75.00	1						
C. Total Funds Available (Sum Of Lines A and B)							\$			8,5	75.00						
D. Total Expenditures (From Schedule III)							\$			5,4	12.77						
E. Ending Cash Balance (Subtract Line D From Line C)						\$			3,1	62.23]						
F. Value Of In-	Kind Contribution	s Receiv	ed (From So	chedu	le I	I)	\$			8,0	00.00						
G. Unpaid Debt	ts And Obligation	s (From S	Schedule IV)			\$			1	.73.39						
				AFF	ID	AVI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign l	nere.	If th	his is	a Can	ididate r	eport, o	andi	date sig	jn here.					
I swear (or affirm) correct and comple) that this report, inc ete.	cluding the	e attached sch	nedules	s file	ed on	paper (or by elect	ronic m	edium	, are to t	the best o	f my knov	wledge a	and belie	ef , true	
Sworn to and subs	cribed before me th day of	is	20							S	ignature	e of Perso	n Submit	ting Rep	ort		
	Signat	ure					-					Prin	ted Name	•			
My Commission Ex	cpires						_					Ema	il				
	МО	D	AY	YR					Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a car	didate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and beli	ef this	poli	itical	commi	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,19	937 (P.L.	1333,	
Sworn to and subsc	ribed before me this	i	20								s	ignature o	of Candida	ate			
	day of						-					Printe	d Name				
Mu Committee:	Signature						-					Ema	il				
My Commission Exp	oires						_										
	МО	D	AY	YR	l l		-		Area Code Daytime Telephone Number								

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period							
COMMITTEE TO ELECT CINDY MILLER	From:	11/24/20	<u>15</u> To :	12/31/2015					
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor									
TOTAL for the Reporting	Period	(1)	\$	75.00					
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	(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)			\$	500.00					
TOTAL for the Reporting	Period	(3)	\$	500.00					
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 Page 1			\$	575.00					

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re					
		From: To):		
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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

0.00

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 Candidate			Reporting Period From: To:					
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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

PAGE TOTAL \$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	me of Filing Committee or Candidate Rep		Reporting	Reporting Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary Pa	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 of Candidate	anie of Fining Committee of Candidate				Reporting Period							
COMMITTEE TO ELECT CINDY MILLER			Fron	n:	<u>11/24/2015</u> To		: <u>1</u>	<u>2/31/2015</u>				
				D/	ATE		АМО	UNT				
Full Name of Contributor MARY ANN BISHOP				МО	DAY	YEAR						
Mailing 1211 BROADWAY Address						\$	500.00					
City BETHLEHEM	State	Zip Code (Plus	4)	1								
DETITIES !	PA	18015										
Employer Name NABIL HADDAD AGEN	ICY			Occupation SALES ASSOCIATE								
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code (Plus 4)				
2228 UNION BLVD		ALLENTO	WN		PA		18109					
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sec							PAG	E TOTAL				
	,						•	500.00				

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 C	Candidate		Reporting Period					
COMMITTEE TO ELECT CINDY	MILLER		From:	<u>11/24/2015</u> To:				12/31/2015
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description								
Enter Grand Total of Part E o	n Schedule T. Detailed	d Summary Page	Section	4				PAGE TOTAL
The stand total of Fait 2 o	ii Jenedale 1, Detanet	a cammary rage,	Section	7.			\$	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 Per	od							
COMMITTEE TO ELECT CINDY MILLER	From:	<u>11/24/2015</u> To:	12/31/2015						
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)	\$	173.39						
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, 1		\$	173.39						

173.39

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	Period				
COMMITTEE TO ELECT CINDY MILLER	COMMITTEE TO ELECT CINDY MILLER Fro			11/	24/2015	То:	12/31/2015	
				DATE			AMOUNT	
Full Name of Contributor MARY ANN BISHOP	МО	DAY	YEAR					
Mailing Address 1211 BROADWAY			12	10	2015	, \$	173.39	
City BETHLEHEM	State	Zip Code (Plus 4)	7					
	PA	18015						
Description of Contribution: FOOD FOR ANNOUNCEMENT EVENT								
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind C	Contributions Deta	iled Sum	mary Pag	ie,		PAGE TOTAL	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	е				Re	porting	Period				
					From:			То:	То:		
					•		DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address								\$	0.00		
City	State		Zip Code(I	Plus 4)							
Employer of Contributor	1		•			Occupa	ation				
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.				ed				PAGE TOTAL 0.00			

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporti	ng Period				
COMMITTEE TO ELECT CINDY	MILLER		From	11/24	<u>4/2015</u>	То:	12/31/2015	
				DATE			AMOUNT	
To Whom Paid PIRYX			мо	DAY	YEAR			
Mailing Address 649 MISSIO	ON STREET # 204		11	23	2015	\$	0.70	
City SAN FRANCISCO CA State Zip Code (Plus 4) 94105				Description of Expenditure CONTRIBUTION COLLECTION SERVICE				
To Whom Paid CAMPAIGN PILOTS	МО	DAY	YEAR					
Mailing Address 26 W. BROAD STREET			11	24	2015	\$	2,650.00	
City BETHLEHEM	State PA	Zip Code (Plus 4) 18018		otion of Exp				
To Whom Paid HARLAND CLARKE	·	·	МО	DAY	YEAR			
Mailing Address 15955 LA C	ANTERA PARKWAY		11	27	2015	\$	6.07	
City SAN ANTONIO	State TX	Zip Code (Plus 4) 79256		otion of Exp				
To Whom Paid CAMPAIGN PILOTS			МО	DAY	YEAR			
Mailing Address 26 W. BRO	AD STREET		12	18	2015	\$	2,756.00	
City BETHLEHEM State Zip Code (Plus 4) PA 18018			Description of Expenditure CAMPAIGN DIRECTION					
Enter Grand Total of Expend	litures on Page 1. Re	port Cover Page, Item D).				PAGE TOTAL	

5,412.77

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			Reportir	ng Period					
COMMITTEE TO ELECT CINDY MILLER			From:	<u>11/24/2015</u> To:				12/31/2015	
					DATE			Outstanding Balance of Debt	
Name of Creditor CINDY MILLER					DAY	YEAR			
Mailing Address 4797 N. CYPRESS	ROAD			11	17	2015	\$	8,000.00	
City WALNUTPORT	State PA	Zip Code (Pl 18088	us 4)	l '	otion of Del		COM	IMITTEE	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL		
							\$	8,000.00	