

Campaign Finance Report

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

Filer Identification Number : 20150331		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: COMMITTEE TO ELECT CINDY MILLER											
Street Address: 4797 N CYPRESS ROAD											
City: WALNUTPORT				State: PA		Zip Code: 18088					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-PRIMARY	3. X	AMENDMENT REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-ELECTION	6.	TERMINATION REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2016	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR	REP			
					11	8	2016	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		4	12	2016		5	16	2016			
A. Amount Brought Forward From Last Report					\$ 12,583.05						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 2,800.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 15,383.05						
D. Total Expenditures (From Schedule III)					\$ 15,298.33						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 84.72						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 800.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 11,405.00						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
COMMITTEE TO ELECT CINDY MILLER	From: <u>4/12/2016</u> To: <u>5/16/2016</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 150.00

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)	\$ 150.00
TOTAL for the Reporting Period (2)	\$ 150.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 800.00
---	-----------

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

PAGE TOTAL	
\$	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 Candidate COMMITTEE TO ELECT CINDY MILLER	Reporting Period From: <u>4/12/2016</u> To: <u>5/16/2016</u>
---	--

				DATE			AMOUNT	
Full Name of Contributor GINGER A. HOLKO					MO	DAY	YEAR	\$ 150.00
Mailing Address 3741 CREST VIEW DRIVE					4	12	2016	
City ALLENTOWN		State PA	Zip Code (Plus 4) 18103					

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

PAGE TOTAL
\$ 150.00

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	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 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 COMMITTEE TO ELECT CINDY MILLER	Reporting Period From: <u>4/12/2016</u> To: <u>5/16/2016</u>
---	--

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
DAPHNE R. ULIANA							
Mailing Address 5336 GREENBRIAR DRIVE				4	12	2016	\$ 500.00
City BETHLEHEM	State PA	Zip Code (Plus 4) 18017					
Employer Name UNEMPLOYED				Occupation HOME MAKER			
Employer Mailing Address/Principal Place of Business 5336 GREENBRIAR DRIVE			City BETHLEHEM		State PA	Zip Code (Plus 4) 18017	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 500.00

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 From: To:
---------------------------------------	--

			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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	
COMMITTEE TO ELECT CINDY MILLER		From: <u>4/12/2016</u> To: <u>5/16/2016</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	800.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	800.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
---------------------------------------	--

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate COMMITTEE TO ELECT CINDY MILLER				Reporting Period From: <u>4/12/2016</u> To: <u>5/16/2016</u>			
---	--	--	--	--	--	--	--

				DATE	AMOUNT		
Full Name of Contributor LAWRENCE M. OTTER				MO	DAY	YEAR	\$ 800.00
Mailing Address PO BOX 575				5	10	2016	
City SILVERDALE	State PA	Zip Code(Plus 4) 18962					
Employer of Contributor SELF EMPLOYED				Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business PO BOX 575		City SILVERDALE	State PA	Zip Code(Plus 4) 18962	Description of Contribution DISCOUNT ON BILL		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 800.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
COMMITTEE TO ELECT CINDY MILLER	From <u>4/12/2016</u> To: <u>5/16/2016</u>

DATE				AMOUNT		
To Whom Paid JOHN YURCONIC AGENCY			MO	DAY	YEAR	\$ 15.33
Mailing Address 216 NAZARETH PIKE			4	13	2016	
City BETHLEHEM	State PA	Zip Code (Plus 4) 18017	Description of Expenditure NOTARY FEE			
To Whom Paid US POST OFFICE			MO	DAY	YEAR	\$ 4.23
Mailing Address 650 S GREENWOOD AVENUE			4	13	2016	
City EASTON	State PA	Zip Code (Plus 4) 18045	Description of Expenditure POSTAGE			
To Whom Paid ROYAL PHOTOGRAPHICS, INC.			MO	DAY	YEAR	\$ 3,500.00
Mailing Address 26 W BROAD STREET			4	15	2016	
City BETHLEHEM	State PA	Zip Code (Plus 4) 18018	Description of Expenditure CAMPAIGN DIRECTION			
To Whom Paid LAWRENCE OTTER			MO	DAY	YEAR	\$ 500.00
Mailing Address PO BOX 575			5	15	2016	
City SILVERDALE	State PA	Zip Code (Plus 4) 18962	Description of Expenditure LEGAL FEE			
To Whom Paid PIRYX			MO	DAY	YEAR	\$ 4.25
Mailing Address 649 MISSION STREET., #204			4	18	2016	
City SAN FRANCISCO	State CA	Zip Code (Plus 4) 94105	Description of Expenditure DONATION COLLECTION FEE			

To Whom Paid US POST OFFICE			MO	DAY	YEAR	\$ 1,533.28
Mailing Address 17 S COMMERCE WAY			4	19	2016	
City BETHLEHEM	State PA	Zip Code (Plus 4) 18017	Description of Expenditure POSTAGE			

To Whom Paid ROAL PHOTOGRAPHICS, INC.			MO	DAY	YEAR	\$ 766.64
Mailing Address 26 W BROAD STREET			4	20	2016	
City BETHLEHEM	State PA	Zip Code (Plus 4) 18018	Description of Expenditure CAMPAIGN DIRECTION			

To Whom Paid LAWRENCE OTTER			MO	DAY	YEAR	\$ 2,040.72
Mailing Address PO BOX 575			5	12	2016	
City SILVERDALE	State PA	Zip Code (Plus 4) 18962	Description of Expenditure LEGAL FEE			

To Whom Paid CYNTHIA ANDERSON			MO	DAY	YEAR	\$ 2,600.00
Mailing Address 316 SPYGLASS HILL ROAD			5	12	2016	
City BATH	State PA	Zip Code (Plus 4) 18014	Description of Expenditure CAMPAIGN DIRECTION			

To Whom Paid ROYAL PHOTOGRAPHICS, INC.			MO	DAY	YEAR	\$ 4,333.88
Mailing Address 26 W BROAD STREET			5	12	2016	
City BETHLEHEM	State PA	Zip Code (Plus 4) 18018	Description of Expenditure CAMPAIGN DIRECTION			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 15,298.33

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 COMMITTEE TO ELECT CINDY MILLER				Reporting Period From: <u>4/12/2016</u> To: <u>5/16/2016</u>			
---	--	--	--	--	--	--	--

DATE				Outstanding Balance of Debt		
Name of Creditor CINDY MILLER			MO	DAY	YEAR	\$ 8,000.00
Mailing Address 4797 N CYPRESS ROAD			11	17	2015	
City WALNUTPORT	State PA	Zip Code (Plus 4) 18088	Description of Debt LOAN TO COMMITTEE			
DATE				Outstanding Balance of Debt		
Name of Creditor CINDY MILLER			MO	DAY	YEAR	\$ 500.00
Mailing Address 4797 N CYPRESS ROAD			3	1	2016	
City WALNUTPORT	State PA	Zip Code (Plus 4) 18088	Description of Debt LOAN TO COMMITTEE			
DATE				Outstanding Balance of Debt		
Name of Creditor CINDY MILLER			MO	DAY	YEAR	\$ 2,000.00
Mailing Address 4797 N CYPRESS ROAD			5	10	2016	
City WALNUTPORT	State PA	Zip Code (Plus 4) 18088	Description of Debt LOAN TO COMMITTEE			
DATE				Outstanding Balance of Debt		
Name of Creditor ROYAL PHOTOGRAPHICS, INC.			MO	DAY	YEAR	\$ 505.00
Mailing Address 26 W BROAD STREET			3	26	2016	
City BETHLEHEM	State PA	Zip Code (Plus 4) 18018	Description of Debt CAMPAIGN DIRECTION			

				DATE			Outstanding Balance of Debt	
Name of Creditor CYNTHIA ANDERSON				MO	DAY	YEAR	\$ 400.00	
Mailing Address 316 SPYGLASS HILL ROAD				5	10	2016		
City BATH		State PA	Zip Code (Plus 4) 18014		Description of Debt CAMPAIGN DIRECTION			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 11,405.00	