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 2015	0331			Rep File			CANDI	DATE		СОМ	ITTEE	✓	LOBE	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:		СОМ	MIT	TEE	TO ELEC	CIND	Y MII	LER						
Street Address:	4797 N CYPR	ESS RD															
City:	WALNUTPORT	_						State:	PA			Zip Cod	le: 18	880			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	•	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	•	
report type)	ANNUAL REPORT	7. X	Year 2016					IG METHO				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	Sought by Candida	te:	-					DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count Code	y
								МО	DAY	YE	AR		10000	REP			
								11		8	2016		(SEE IN:	STRUCTIO	ONS FOR C	ODES)	
•	Receipts and	МО	DAY Y	EAR				МО	DAY	YE	AR	FO	R OFFIC	E USE	ONLY		
Expenditures	from:		11 29	20	016	T	0	12		31	2016						
A. Amount Bro	ught Forward Froi	n Last R	eport				\$				84.72						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule	I)	\$			ç	900.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			g	984.72						
D. Total Expend	ditures (From Sch	edule II	I)				\$			g	24.99						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$				59.73						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edul	le II))	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$			11,4	00.00			'			
			,	AFF	IDA	VI٦	ΓSE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	ere. 1	[f this	s is	a Can	ndidate re	eport, c	andi	date sig	jn here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sche	dules	filed	on p	paper (or by elect	ronic m	edium	, are to t	the best o	f my knov	wledge	and belie	ef , tru	e.
Sworn to and subs	cribed before me thi day of	5	20							s	ignature	e of Perso	n Submitt	ting Rep	ort		-
	Signatu	re					•					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 can	didate's	authorized Co	omm	ittee	e, Ca	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and belief	this	politi	ical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333	,
Sworn to and subsc	ribed before me this										s	ignature o	of Candida	ate			-
-	day of						•					Printe	d Name				-
	Signature						-										_
My Commission Exp	ires											Ema	ıı				
	мо	D	AY	YR					Area	Code		Da	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
COMMITTEE TO ELECT CINDY MILLER	From:	11/29/20:	<u>.6</u> To:	12/31/2016
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)			\$	900.00
TOTAL for the Reporting) Period	(3)	\$	900.00
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			\$	900.00

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	porting	Period			
			Fre	om:		То	:	
		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 Candid	ate		Rep Fro	oorting P	eriod	To	o:	
					DATE		AN	4OUNT
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 Candi	date		Reporting Period					
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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 or Candidate			Reporting Period					
COMMITTEE TO ELECT CINDY MILLER			Fron	n:	11/29/2	<u>016</u> To	: 12/31/2016	
				D	ATE		AMOUNT	
Full Name of Contributor CINDY MILLER				МО	DAY	YEAR		
Mailing 4797 N CYPRESS RD						2016	\$ 900.00	
City WALNUTPORT	State PA	Zip Code (Plus 18088	s 4)	7	9	2016		
Employer Name				Occupat	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.		4	PAGE TOTAL 900.00	

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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	Section	••			\$	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>11/29/2016</u> To:	<u>12/31/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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 Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia Contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Co	andidate		Reportir	ng Period			
COMMITTEE TO ELECT CINDY	MILLER		From	11/29	9/2016	То:	12/31/2016
		•		DATE			AMOUNT
To Whom Paid PNC BANK			мо	DAY	YEAR		
Mailing Address PO BOX 535230				23	2016	\$	19.99
City PITTSBURGH	State PA	Zip Code (Plus 4) 15253	1	otion of Exp			
To Whom Paid CAMPAIGN PILOTS - ROYAL PHOTOGRAPHICS INC			МО	DAY	YEAR		
Mailing Address 26 W BROA	AD ST		7	11	2016	\$	455.71
City BETHLEHEM	State PA	Zip Code (Plus 4) 18088	1	otion of Exp			
To Whom Paid CYNTHIA ANDERSON			МО	DAY	YEAR		
Mailing Address 316 SPYGL/	ASS HILL RD		7	16	2016	\$	400.00
City BATH	State PA	Zip Code (Plus 4) 18014	1	otion of Exp			
							PAGE TOTAL

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

875.70

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 Candida	ate		Reporti	ng Period				
COMMITTEE TO ELECT CINDY MILLE	ER		From:	<u>11</u>	./29/2016	То:		<u>12/31/2016</u>
					DATE			Outstanding Balance of Debt
Name of Creditor				мо	DAY	YEAR		
CINDY MILLER				МО	DAY	TEAR		
Mailing Address 4797 N CYPRES	SS ROAD			11	17	2015	\$	8,000.00
City WALNUTPORT	State	Zip Code (Pl	us 4)	Descrip	tion of Del	ot	•	
	PA	18088			О СОММІТ			
					DATE			Outstanding Balance of Debt
Name of Creditor CINDY MILLER				МО	DAY	YEAR		
Mailing Address 4797 N CYPRES	SS ROAD			3	1	2016	\$	500.00
City WALNUTPORT	State	Zip Code (Pl	us 4)	Descrip	tion of Del	ot		
	PA	18088		LOAN TO COMMITTEE				
				1				
					DATE			Outstanding Balance of Debt
Name of Creditor CINDY MILLER				МО	DATE	YEAR		
	SS ROAD			MO 5		YEAR 2016	\$	Balance of Debt
CINDY MILLER Mailing Address 4797 N CYPRES	SS ROAD	Zip Code (Pl	us 4)	5	DAY 10	2016	\$	Balance of Debt
CINDY MILLER Mailing Address 4797 N CYPRES		Zip Code (Pla 18088	us 4)	5 Descri p	DAY	2016 ot	\$	Balance of Debt
CINDY MILLER Mailing Address 4797 N CYPRES	State		us 4)	5 Descri p	DAY 10 otion of Del	2016 ot	\$	Balance of Debt
CINDY MILLER Mailing Address 4797 N CYPRES	State		us 4)	5 Descri p	10 otion of Del	2016 ot	\$	2,000.00 Outstanding
CINDY MILLER Mailing Address 4797 N CYPRES City WALNUTPORT Name of Creditor	State PA		us 4)	5 Descrip LOAN T	DAY 10 otion of Del O COMMIT	2016 ot TEE	\$	2,000.00 Outstanding Balance of Debt
CINDY MILLER Mailing Address 4797 N CYPRES City WALNUTPORT Name of Creditor CINDY MILLER Mailing Address 4797 N CYPRES	State PA			5 Descrip LOAN T	DAY 10 Otion of Del O COMMIT DATE DAY 9	2016 TEE YEAR 2016		2,000.00 Outstanding Balance of Debt
CINDY MILLER Mailing Address 4797 N CYPRES City WALNUTPORT Name of Creditor CINDY MILLER Mailing Address 4797 N CYPRES	State PA SS ROAD	18088		Description To Descri	DAY 10 Otion of Del O COMMIT DATE DAY	2016 TEE YEAR 2016		2,000.00 Outstanding Balance of Debt
CINDY MILLER Mailing Address 4797 N CYPRES City WALNUTPORT Name of Creditor CINDY MILLER Mailing Address 4797 N CYPRES City WALNUTPORT	State PA SS ROAD State PA	2ip Code (Plu 18088	us 4)	Description To Descri	DAY 10 O COMMIT DATE DAY 9 Otion of Del	2016 TEE YEAR 2016		2,000.00 Outstanding Balance of Debt
CINDY MILLER Mailing Address 4797 N CYPRES City WALNUTPORT Name of Creditor CINDY MILLER Mailing Address 4797 N CYPRES	State PA SS ROAD State PA	2ip Code (Plu 18088	us 4)	Description To Descri	DAY 10 O COMMIT DATE DAY 9 Otion of Del	2016 TEE YEAR 2016		2,000.00 Outstanding Balance of Debt 900.00