Campaign Finance Report

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

											-				100	WICT		
Filer Identificati Number :	on	2022	C1290				port ed B		CANDI	DATE	>	CC	OMMITTEE		LOBI	BYIST		
Name of Filing C	Committe	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 FRIDAY PRE- PRIMARY 2.X 3C						ARY	POST-	3.		AMENDMENT Yes REPORT?				•	
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	y pri	E-	5.	30 DA ELECT		POST-	6.		TERMINATION REPORT?		Yes	No	•	/
report type)	ANNUAL	. REPORT	7.	Year 2022					IG METH				PAPER		\checkmark	DISKE	TTE	
Name of Office S	Sought by	/ Candidat	te:						DATE C	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Count	у
									МО	DAY	YE	AR	42	STH	DEN	1	Code	
REPRESENTATI	VE IN TH	HE GENER	AL ASS	EMBLY					11		8	2022	-	(SEE INS	TRUCTI	ONS FOR (CODES)	
Summary of	Receipts	s and	МО	DAY	YEAF	2			МО	DAY	YE	AR	FOR	R OFFIC	E USE	ONLY		
Expenditures	from:			3 29	2	022	Т	0	5	5	2	2022						
A. Amount Bro	ught For	ward Fron	1 Last R	eport				\$	•		•	0.00						
B. Total Moneta	ary Conti	ributions A	And Rec	eipts (From	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available	e (Sum Of	Lines A	and B)				\$				0.00						
D. Total Expend	ditures (From Sche	edule II	I)				\$				0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$				0.00						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$				0.00						
G. Unpaid Debt	s And Ob	oligations	(From S	Schedule IV	')			\$				0.00		,				
					AFF	·ID	AVI	T SE	CTION									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	ididate r	eport, o	candid	late si	gn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	d on	paper (or by elect	tronic m	edium,	are to	the best of	my know	/ledge	and beli	ef , tru	e,
Sworn to and subs	cribed bef day of	ore me this		20							Si	ignatur	e of Person	Submitt	ing Rep	ort		-
	_	Signatur	re					- -					Printe	ed Name				-
My Commission Ex	cpires							_					Email					-
		МО	D	AY	YR					Are	ea Cod	е	Daytime	Teleph	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		ne best of m	ıy knowle	edge and beli	ef this	poli	itical	comm	ittee has r	ot viola	ted any	y provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	,
Sworn to and subsc		re me this										S	ignature of	Candida	te			-
	day of —							_					Printed	Name				-
		Signature						-					. miceu					╻┃
My Commission Exp		-											Email					
	_	МО	D	AY	YR	ł		-		Area	Code		Day	time Te	lephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period							
DAN MILLER	From:	3/29/202	22 To:	5/2/2022				
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor								
TOTAL for the Reporting	g 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	y 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	J Period	(3)	\$	0.00				
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)								
TOTAL for the Reporting	g 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					
		F	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.

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 o	contributions fro	om political comn	nitt€	ees re _l	oorted	in Part	A)	
Name of Filing Committee or 0	Candidate		Rep	oorting P	eriod			
			Fro	m:		То) :	
			ı		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, Detailed Summary Page, Section 2.

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		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.0	
Mailing Address							- \$	0.0	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule 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 or Candidate				orting Pe	riod				
Fre					om: To:				
				D	ATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address							1		
City	State	Zip Code (Plu	s 4)						
Employer Name				Occupa	tion				
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)	
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE TOTAL 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:			To:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Count Total of Dout	Fan Cahadula I Datailad	I Company Dome C	` !	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	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	d	
DAN MILLER	From:	3/29/2022 To :	<u>5/2/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Re			Reporting Period				
F					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-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	orting	Period				
F					From:			То:		
DATE									AMOUNT	
Full Name of Contributor					МО	DAY	YEAR			
Mailing Address] \$	\$ 0.0	0
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	State	e Zij	p Code(Plus 4)	Descr	iptio	on of Contribution	
Enter Grand Total of Part G on Scho	edule II. In-Kir	nd (Contributions D	etaile	ed				PAGE TOTAL	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.									0.0	0

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
	From			То:					
				DATE			AMOUNT		
To Whom Paid			мо	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
Enter Grand Total of Evnenditures	on Bago 1 Bonort C	Cover Page Item [PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.			, .			\$	0.00		