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 20	22C0981			Rep File			CANI	DID	ATE	\	СО	MMITTEE		LOB	BYIST		
Name of Filing C	ommittee, Cand	lidate or L	obbyist:		MILL	ER,	NIC	HOLAS	Р									
Street Address:																		
City:	_							State:					Zip Code	e: 18	104			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2	2.	30 DA		PC	OST-	3. X	X AMENDMENT Yes REPORT?)	√
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5	j.	30 DA		PC	OST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	N)	\
report type)	ANNUAL REPO	₹ T 7.	Year 2022					NG MET CHECK					PAPER		\checkmark	DISK	ETTE	
Name of Office S	ought by Candi	date:						DATE	OF	ELEC	стіс	N	District Number	Office Code	Par	ty Code	Cour	
SENATOR IN TH	HE GENERAL AS	SEMBLY						МО	'	DAY	YE	EAR	14	STS	DEN	М	39	
								1	11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Expenditures		МО	DAY	YEAR		_	_	МО		DAY		EAR	FOF	ROFFIC	E USE	ONLY		
			5 3	20	022		<u>о</u>		6		6	2022						
	ught Forward Fi		•				\$			(2	20,0	93.28)						
B. Total Moneta	ary Contributior	s And Rec	eipts (Fron	n Sche	dule	1)	\$					0.00						
C. Total Funds	Available (Sum	Of Lines A	and B)				\$			(20,0	93.28)						
D. Total Expend	ditures (From S	chedule II	II)				\$					0.00						
E. Ending Cash	Balance (Subtr	act Line D	From Line	C)			\$			(2	20,09	93.28)						
	Kind Contribution				le II))	\$					0.00						
G. Unpaid Debt	s And Obligatio	ns (From S	Schedule IV	/)			\$					0.00						
				AFF	IDA	VI	ΓSE	CTIO	N									
PART I - If this is		-	_						-	-		_			.1 - 4			
I swear (or affirm) correct and comple		ncluding the	e attacned sc	neaules	тпеа	on	paper	or by ele	ectro	onic me	eaium	, are to t	ne best of	ту кпоч	vieage	and bei	ieτ , tr	ue
Sworn to and subs	cribed before me t day of	:his	20						_		S	Signature	of Person	Submitt	ing Re _l	oort		
	Signa	ature					-		-				Printe	ed Name				
My Commission Ex	pires						_		_				Email					
	МО	D	AY	YR						Are	a Coc	de	Daytime	Teleph	one Nu	mber		ᆜ
Part II- If this is	a report of a ca	indidate's	authorized	Comm	ittee	e, C	andid	ate sha	II si	ign he	re.							
I swear (or affirm) No 320) as amende		of my knowl	edge and beli	ief this	politi	ical	comm	ittee has	s not	t violat	ed an	ıy provisi	ons of the	act of Ju	ıne 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed before me th day of	iis	20						•			Si	gnature of	Candida	ite			_
							-		-				Printed	Name				-
My Commission Exp	Signatu	re					-		_				Email					-
, солинавіон Ехр							-		_									_
	МО	D	AY	YR						Area (Code		Day	ytime Te	elephor	ne Numi	oer	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
MILLER, NICHOLAS P	From:	5/3/202	<u>2</u> To:	6/6/2022
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	y 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 Comm	Committee or Candidate			Re	porting	Period			
				Fr	om:		То	:	
						DATE			AMOUNT
Full Name of Contribut	ing 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.

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						
			Fro	m:		To):		
					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 Cai	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		Þ	AMOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00
Mailing Address							*	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detaile	d 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			Rep	orting Pe	riod				
						To	То:		
				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 of	or Candidate		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							\neg	
City	State	Zip Code (I	Plus 4)					
Receipt Description	•	•			1	•	•	
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Caatle					PAGE TOTAL
Enter Grand Total of Part I	e on Schedule I, Detailed	Summary 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	od	
MILLER, NICHOLAS P	From:	<u>5/3/2022</u> To:	6/6/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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	TF)		
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 Can	Name of Filing Committee or Candidate Ro					Reporting Period					
			From:		To:	То:					
				DATE			AMOUNT				
Full Name of Contributor			МО	DAY	YEAR						
Mailing Address						7 \$	0.0	10			
City	State	Zip Code (Plus 4)									
Description of Contribution:	•		•	•							
	Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail			ailed Summary Page,			PAGE TOTAL				
Section 2.						\$	0.0	0			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	orting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address				-					\$	0.00
City	State	;	Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period							
			From			То:		
				DATE			AMOUNT	
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
Enter Crand Total of Evnanditures	on Dogg 1 Donowh (Cover Dage Item F					PAGE TOTAL	
Enter Grand Total of Expenditures	on Page 1, Report C	Lover Faye, Item L	, .			\$	0.00	