## **Campaign Finance Report**

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

|  |                        | ·            |           |                      | 0        | 1              |               |                    |           |              |        |                    | ,<br>                  |              | DVICT    |            |  |
|--|------------------------|--------------|-----------|----------------------|----------|----------------|---------------|--------------------|-----------|--------------|--------|--------------------|------------------------|--------------|----------|------------|--|
| Filer Identificat<br>Number :                    | ion                    | 2022         | C0981     |                      |          | Repor<br>Filed |               | CAND               | IDATE     | $\checkmark$ | CC     | OMMITTE            | E                      | LOBI         | BYIST    |            |  |
| Name of Filing (                                 | Committee              | e, Candida   | ate or L  | obbyist:             |          | MILLER         | R, NIC        | HOLAS P            |           |              |        |                    |                        |              |          |            |  |
| Street Address:                                  |                        |              |           |                      |          |                |               |                    |           |              |        |                    |                        |              |          |            |  |
| City:  |                        |              |           |                      |          |                |               | State:             |           |              |        | Zip Cod            | <b>Zip Code:</b> 18104 |              |          |            |  |
| TYPE OF<br>REPORT                                | 6TH TUES<br>PRE-PRIM   |              | 1.        | 2ND FRIDA<br>PRIMARY | Y PRE    | - 2.           | 30 D/<br>PRIM |                    | POST-     | 3.           |        | AMENDM<br>REPORT?  |                        | Yes          | No       | ) 🔨        |  |
| (place X to<br>the right of                      | 6TH TUES<br>PRE-ELEC   |              | 4.        | 2ND FRIDA            | Y PRI    | E- 5. <b>X</b> | 30 D/<br>ELEC |                    | POST-     | 6.           |        | TERMINA<br>REPORT? |                        | Yes          | No       | ° ▼        |  |
| report type)                                     | ANNUAL                 | REPORT       | 7.        | <b>Year</b> 2022     |          |                |               | NG METH<br>CHECK O |           |              |        | PAPER              |                        | $\checkmark$ | DISK     | TTE        |  |
| Name of Office Sought by Candidate:              |                        |              |           |                      |          |                |               | DATE C             | )F ELE    | CTION        |        | District<br>Number | Office<br>Code         | Par          | ty Code  | County     |  |
| SENATOR IN T                                     |                        |              |           |                      |          |                |               | мо                 | DAY       | YEA          | R      | 14                 | STS                    | DEN          | 1        | 39         |  |
| SLIVATOR IN T                                    | HE GENE                | KAL ASSL     |           |                      |          |                |               | 11                 |           | 8            | 2022   | ]                  | (SEE INS               | TRUCTI       | ONS FOR  | CODES)     |  |
| Summary of                                       |                        | and          | мо        | DAY                  | YEAF     | 2              |               | мо                 | DAY       | YE/          | R      | FO                 | R OFFIC                | E USE        | ONLY     |            |  |
| Expenditures                                     | s from:                |              |           | 9 20                 | ) 2      | 022            | 0             | 10                 | )         | 24           | 2022   |                    |                        |              |          |            |  |
| A. Amount Bro                                    | ought Forv             | ward Fron    | n Last R  | eport                |          |                | \$            |                    | (         | 20,09        | 3.28)  |                    |                        |              |          |            |  |
| B. Total Monet                                   | ary Contr              | ibutions A   | And Rec   | eipts (Fror          | n Sche   | dule I)        | \$            | 5                  |           |              | 0.00   |                    |                        |              |          |            |  |
| C. Total Funds                                   | Available              | (Sum Of      | Lines A   | and B)               |          |                | \$            | ;                  | (         | 20,09        | 3.28)  |                    |                        |              |          |            |  |
| D. Total Expen                                   | ditures (F             | From Sche    | edule II  | I)                   |          |                | \$            | ;                  |           |              | 0.00   |                    |                        |              |          |            |  |
| E. Ending Cash                                   | n Balance              | (Subtract    | : Line D  | From Line            | C)       |                | \$            |                    | (         | 20,093       | 8.28)  | _                  |                        |              |          |            |  |
| F. Value Of In-                                  | -Kind Cont             | tributions   | Receiv    | ed (From S           | chedu    | le II)         | \$            | ;                  |           |              | 0.00   |                    |                        |              |          |            |  |
| G. Unpaid Deb                                    | ts And Ob              | ligations    | (From S   | Schedule I           | /)       |                | \$            | ;                  |           |              | 0.00   |                    |                        |              |          |            |  |
|  |                        |              |           |                      | AFF      | IDAV           | IT SE         | CTION              |           |              |        |                    |                        |              |          |            |  |
| PART I - If this i                               |                        | •            |           | -                    |          |                |               |                    |           |              |        | -                  |                        |              |          |            |  |
| I swear (or affirm<br>correct and compl          |                        | report, incl | uding the | e attached so        | hedule   | s filed on     | paper         | or by elect        | tronic m  | edium, a     | are to | the best of        | f my knov              | vledge       | and bel  | ief , true |  |
| Sworn to and subs                                | scribed befo<br>day of | ore me this  |           | 20                   |          |                |               |                    |           | Sig          | Inatur | e of Persor        | n Submitt              | ing Rep      | oort     |            |  |
|  | _                      | Signatur     | re        |                      |          |                | _             |                    |           |              |        | Print              | ted Name               |              |          |            |  |
| My Commission E                                  | xpires                 |              |           |                      |          |                | _             |                    |           |              |        | Emai               | il                     |              |          |            |  |
|  |                        | мо           | D         | AY                   | YR       |                |               |                    | Are       | ea Code      |        | Daytim             | e Teleph               | one Nu       | mber     |            |  |
| Part II- If this is                              | a report               | of a cand    | lidate's  | authorized           | Com      | nittee, (      | Candid        | late shall         | sign h    | ere.         |        |                    |                        |              |          |            |  |
| I swear (or affirm)<br>No 320) as amend          |                        | e best of m  | ıy knowl  | edge and bel         | ief this | s political    | comm          | nittee has r       | not viola | ted any      | provis | ions of the        | e act of Ju            | ine 3,1      | 937 (P.I | L. 1333,   |  |
| Sworn to and subscribed before me this day of 20 |                        |              |           |                      |          |                |               |                    |           |              | s      | ignature o         | of Candida             | ite          |          |            |  |
| 20 20  |                        |              |           |                      |          | _              |               |                    |           |              | Printe | d Name             |                        |              |          |            |  |
|  |                        | Signature    |           |                      |          |                | _             |                    |           |              |        | Em-:               |                        |              |          |            |  |
| My Commission Exp                                | pires                  |              |           |                      |          |                |               |                    |           |              |        | Emai               |                        |              |          |            |  |
|  | _                      | мо           | D         | AY                   | YR       | 2              | _             |                    | Area      | Code         |        | Da                 | aytime Te              | elephor      | e Numl   | ber        |  |

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** MILLER, NICHOLAS P From: <u>9/20/2022</u> To: 10/24/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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 |       |                | Re  | porting | Period |      |    |            |
|---------------------------------------|-------|----------------|-----|---------|--------|------|----|------------|
|                                       |       |                | Fro | om:     |        | То   | :  |            |
|                                       |       |                |     |         | DATE   |      |    | AMOUNT     |
| Full Name of Contributing Committee   |       |                |     | мо      | DAY    | YEAR |    |            |
| Mailing Address                       |       |                |     |         |        |      | \$ | 0.00       |
| City                                  | State | Zip Code (Plus | 4)  |         |        |      |    |            |
|                                       |       |                |     |         |        |      | Γ  | PAGE TOTAL |

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

0.00

\$

PAGE 3

| PART B<br>ALL OTHER CONTRIBUTIONS<br>\$50.01 TO \$250.00<br>Use this Part to itemize all other contributions with an aggregate value from<br>\$50.01 to \$250.00 in the reporting period.<br>(Exclude contributions from political committees reported in Part A) |       |                   |     |          |       |      |    |            |
|---|-------|-------------------|-----|----------|-------|------|----|------------|
| Name of Filing Committee or Candidat  | e     |                   |     | orting P | eriod |      |    |            |
|   |       |                   | Fro | m:       |       | Тс   | ): |            |
|   |       |                   |     |          | 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. \$ 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 |                    |               | Reporting   | Period |     |      |    |            |
|---------------------------------------|--------------------|---------------|-------------|--------|-----|------|----|------------|
|                                       |                    |               | From:       |        |     | То:  |    |            |
|                                       |                    |               |             | DA     | TE  |      | А  | MOUNT      |
| Full Name of Contributing Commit      | ttee               |               |             | мо     | DAY | YEAR |    |            |
| Mailing Address                       |                    |               |             |        |     |      | \$ | 0.00       |
| City                                  | State              | Zip Cod       | e (Plus 4)  |        |     |      |    |            |
|                                       |                    |               |             |        |     | ſ    |    | PAGE TOTAL |
| Enter Grand Total of Part C on        | Schedule I, Detail | ed Summary Pa | age, Sectio | n 3.   |     |      | \$ | 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 | Reporting Period |     |
|---------------------------------------|------------------|-----|
|                                       | From:            | То: |

|  |                        |           |                  | D       | ATE   |      | АМ       | OUNT     |
|--|------------------------|-----------|------------------|---------|-------|------|----------|----------|
| Full Name of Contributor                         |                        |           |                  | мо      | DAY   | YEAR |          |          |
| Mailing<br>Address                               |                        |           |                  |         |       |      | \$       | 0.00     |
| City   | State                  | Zi        | p Code (Plus 4)  |         |       |      |          |          |
| Employer Name                                    |                        |           |                  | Occupat | tion  |      |          |          |
| Employer Mailing Address/Principal P<br>Business | lace of                |           | City             |         | State |      | Zip Code | (Plus 4) |
| Enter Grand Total of Part C on Sc                | hedule I <i>,</i> Deta | iled Sumr | narv Page, Secti | on 3.   |       | Γ    | PA       | GE TOTAL |
|  | ,                      |           | , . <u>.</u>     | -       |       |      | \$       | 0.00     |

I

## 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 Candi | Name of Filing Committee or Candidate |                |         | ting Perio | bd  |      |    |         |      |
|-----------------------------------|---------------------------------------|----------------|---------|------------|-----|------|----|---------|------|
|                                   |                                       |                |         |            |     | То:  |    |         |      |
|                                   |                                       |                |         | D          | ATE |      |    | AMOUNT  |      |
| Full Name                         |                                       |                |         | мо         | DAY | YEAR |    |         |      |
| Mailing Address                   |                                       |                |         |            |     |      | \$ | 5       | 0.00 |
| City                              | State                                 | Zip Code (     | Plus 4) |            |     |      |    |         |      |
| Receipt Description               |                                       |                |         |            | 1   |      |    |         |      |
| Enter Grand Total of Part E on Sc | hadula I. Datailar                    | l Summary Page | Section | 4          |     |      |    | PAGE TO | TAL  |
|                                   |                                       | summaly Page,  | 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 Period |                             |                   |
|---|------------------|-----------------------------|-------------------|
| MILLER, NICHOLAS P  | From:            | <u>9/20/2022</u> <b>то:</b> | <u>10/24/2022</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P   | ER CONTRIBUTOR   |                             |                   |
| TOTAL for the Reporting Pe  | riod (1)         | \$                          | 0.00              |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR  | TF)              |                             |                   |
| TOTAL for the Reporting Pe  | riod (2)         | \$                          | 0.00              |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)  |                  |                             |                   |
| TOTAL for the Reporting Pe  | riod (3)         | \$                          | 0.00              |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (<br>amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1 |                  | \$                          | 0.00              |

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

## VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate Re           |                    |                   |          | g Period        |      |      |       |
|--|--------------------|-------------------|----------|-----------------|------|------|-------|
|  | From:              |                   | То:      | <sup>-</sup> o: |      |      |       |
|  |                    |                   |          | DATE            |      | АМО  | UNT   |
| 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 Sched<br>Section 2. | ule II, In-Kind Co | ontributions Deta | iled Sum | mary Pag        | je,  | PAGE | TOTAL |
|  |                    |                   |          |                 | 4    | 6    | 0.00  |

0.00

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

| Name of Filing Committee or (             | ame of Filing Committee or Candidate |         |                  |      | eporting P | Period    |        |            |              |
|---|--------------------------------------|---------|------------------|------|------------|-----------|--------|------------|--------------|
|   |                                      |         |                  | Fi   | om:        |           | To:    |            |              |
|   |                                      |         |                  |      |            | DATE      |        |            | AMOUNT       |
| Full Name of Contributor                  |                                      |         |                  |      | мо         | DAY       | YEAR   |            |              |
| Mailing Address                           |                                      |         |                  |      |            |           |        | \$         | 0.00         |
| City                                      | State                                |         | Zip Code(Plus 4) |      |            |           |        |            |              |
| Employer of Contributor                   |                                      |         |                  |      | Occupa     | l<br>tion |        |            |              |
| Employer Mailing Address/Prin<br>Business | ncipal Place of                      | City    | State            | 1    | Zip<br>4)  | Code(Plus | Descri | ption of ( | Contribution |
| Enter Grand Total of Part                 | G on Schedule II                     | Tn-Kind | Contributions D  | otai | lad        |           | -      |            | PAGE TOTAL   |

| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed<br>Summary Page, Section 3. | PAGE |
|--|------|

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate |                     |                   |          | ng Period   |           |    |            |
|---------------------------------------|---------------------|-------------------|----------|-------------|-----------|----|------------|
|                                       | From                |                   | То:      |             |           |    |            |
|                                       |                     | AMOUNT            |          |             |           |    |            |
| To Whom Paid                          | To Whom Paid        |                   |          |             | YEAR      |    |            |
| Mailing Address                       |                     |                   |          |             |           | \$ | 0.00       |
| City State Zip Code (Plus 4)          |                     |                   | Descrij  | otion of Ex | penditure |    |            |
| Enter Grand Total of Expenditures     | on Page 1. Benert C | over Dage Item F  | <b>`</b> |             |           |    | PAGE TOTAL |
|                                       | on Page 1, Report C | over Page, Item L |          |             |           | \$ | 0.00       |