Campaign Finance Report

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

Filer Identificat Number :	ion 2022	C1290			Repor Filed		CANE	DIDA	TE	CC	OMMITTE	E	LOB	BYIST	
Name of Filing	Committee, Candid	ate or Lo	obbyist:		DAN M	ILLEF	۱								•
Street Address:															
City:							State:	Zip Code: 15243							
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 D PRIN	DAY MARY	POS	T- 3		AMENDMENT REPORT?		Yes	Nc	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5. X	30 E	DAY CTION	POS	T- 6		TERMINATION REPORT?		Yes	Nc	\checkmark
report type)	ANNUAL REPORT	7.	Year 2022				ING METI) CHECK				PAPER		\checkmark	DISKE	TTE
Name of Office	Sought by Candidat	te:					DATE	OF E	ELECT	ION	District Number	Office Code	Par	ty Code	County Code
DEDDECENTAT							мо	DA	AY	YEAR	42	STH	DEN	1	
REPRESENTAT	IVE IN THE GENER	AL ASSI	EMBLY				1	1	8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	1		мо	DA	۹Y	YEAR	FO	R OFFIC	e use	ONLY	
Expenditures	s from:		9 20	20	022 7	ГО	1	0	24	2022					
A. Amount Bro	ought Forward From	n Last Ro	eport			:	\$			0.00					
B. Total Monet	ary Contributions	And Rece	eipts (From	1 Sche	dule I)		\$			0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)			:	\$			0.00					
D. Total Expen	ditures (From Scho	edule III	[)			:	\$			0.00					
E. Ending Cash	n Balance (Subtract	t Line D	From Line	C)			\$			0.00	4				
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)		\$			0.00	4				
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	')			\$			0.00					
				AFF	IDAV.	IT S	ECTION								
	s a Committee repo		-						•		-	my know	dadaa	and holi	of true
correct and compl) that this report, incl ete.	uding the	attached sc	neuules	s nied of	і раре	r or by ele	ctroni	ic mea	um, are to	the best of	ту клом	heage	and ben	er, true
Sworn to and sub	scribed before me this day of 	1	20							Signature	e of Person	Submitt	ing Rep	oort	
	Signatu	re				_					Print	ed Name			
My Commission E	xpires							_			Emai	I			
	МО	DA	Y	YR					Area	Code	Daytime	e Telepho	one Nu	mber	
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 subs	cribed before me this day of		20							S	ignature o	f Candida	te		
			20								Printee	d Name			
My Commission Ex	Signature					_					Emai	1			
						_									
MO DAY YR Area Code Daytime Telephone Nu									e Numb	er					

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** DAN MILLER 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				Reporting Period						
				From: To:			1			
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
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 contributions from political committees reported in Part A)										
Name of Filing Committee or Candidate Reporting Period										
			From: 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 Candidate			Reporting	Reporting Period					
			From:			То:			
				DA	TE		A	MOUNT	
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 Schedule I, Detailed Summary Page, Section							\$	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:				n: To:						
				D	ATE	АМ	IOUNT			
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Pl	ıs 4)							
Employer Name				Occupation						
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							PAGE TOTAL \$ 0.00			

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						
				m: To:					
				D	ATE			AMOUNT	
Full Name				мо	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, Sectio								PAGE TO	TAL
Enter Grand Lotal of Part E on Sched	ule 1, Detailed Sum	mary 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 Period										
DAN MILLER	From:	<u>9/20/2022</u> то:	<u>10/24/2022</u>								
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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 (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			Reporting	ing Period					
				From:			То:		
	DATE			AMOUNT					
Full Name of Contributor				DAY	YEAR				
Mailing Address		_				7 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:			1						
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				Reporting Period						
				From:						
					DATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address			-				\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor				Occupa	ation					
Employer Mailing Address/Principal Place of Business City			State	e Zip	Code(Plus 4)	Descri	ption of Contribution			
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00				

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	1		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	oenditure				
Enter Crand Tatal of Evnanditures					PAGE TOTAL				
Enter Grand Total of Expenditures of	on Page 1, Report C	lover Page, Item L				\$	0.00		