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	20120	0415				Repo			CA	NDII	DATE		COMN	4ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee	, Candida	ate or L	obbyis	st:	·	FRIE	NDS	S OF	DAN	MILL	_ER								
Street Address:	РО ВО	OX 13421	1																	
City:	PITTS	BURGH								State	e:	PA			Zip Cod	le: 15	243			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND I PRIM	FRIDAY ARY	PRE-	2.		30 DA PRIMA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	\
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND I	FRIDAY TION	PRE-	- 5.		30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	N	0	√
report type)	ANNUAL	REPORT	7. X	Year	2022					NG ME		_			PAPER		√	DISK	ETTE	
Name of Office S	ought by	Candidat	e:	-			-			DAT	ΈO	F ELE	CTI	NC	District Number	Office Code	Par	ty Cod	Code	
REPRESENTATI	VF IN TH	F GENER	AL ASS	FMBI	Y					МО		DAY	Y	EAR	42	STH	DE	1		
					·						11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Receipts and Expenditures from:									_	МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY	•	
11 29 2								T	D		12		31	2022						
A. Amount Bro	ught Forw	ard From	ı Last R	eport					\$				21,	311.38						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 535.18																				
C. Total Funds Available (Sum Of Lines A and B) \$ 21,846.56																				
D. Total Expenditures (From Schedule III)							\$					31.61								
E. Ending Cash	Balance (Subtract	Line D	From	Line C	:)			\$				21,	814.95						
F. Value Of In-	Kind Cont	ributions	Receiv	ed (Fr	om Sc	hedul	e II)		\$					24.02						
G. Unpaid Debt	s And Obl	igations	(From S	Sched	ule IV))			\$					0.00						
						AFF:	IDA'	VI	ΓSE	CTIC	NC									
PART I - If this is	a Commi	ttee repo	ort, trea	surer	sign h	ere. I	f this	s is	a Car	ndidat	te re	port, c	and	idate sig	ın here.					
I swear (or affirm) correct and complete		eport, inclu	uding the	attacl	ned sch	edules	filed	on į	paper	or by e	electr	onic m	ediun	n, are to t	the best of	f my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed befo day of	re me this		20										Signature	of Perso	n Submitt	ing Re _l	ort		_
		Signatur	·e	_					-						Prin	ted Name				_
My Commission Ex	pires -								_		-				Emai	il				
	ı	МО	D/	AY		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	autho	rized (Comm	ittee	, Ca	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge ar	nd belie	f this	politio	cal	comm	ittee h	as no	ot viola	ted a	ny provisi	ions of the	e act of Ju	ine 3,1	937 (P	L. 133	3,
Sworn to and subsc	ribed befor day of	e me this		20										Si	ignature o	of Candida	ite			-
				-					•						Printe	d Name				-
My Commission Exp		ignature							•		-				Ema	il				-
,	_																			_
		МО	D	AY		YR						Area	Code		Da	ytime Te	elephor	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF DAN MILLER	From:	11/29/202	<u>22</u> To:	12/31/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	35.18
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)			\$	500.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	500.00
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 Page 1, 2,3 and 4; also enter this amount on Page1, Report Cover Page 2, 2,3,4,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5			\$	535.18

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 Candida	Name of Filing Committee or Candidate				Reporting Period						
Fro				ı:) :					
		·			DATE			AMOUNT			
Full Name of Contributing Committee			N	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.

PART B ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from

Name of Filing Comn	nittee or Candidate		Report	ing P	eriod			
			From:			Т	o:	
					DATE			AMOUNT
Full Name of Contribut	or		M	10	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
		I					_	
								PAGE TOTAL

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							
FRIENDS OF DAN MILLER	From:	11/29/2022	То:	<u>12/31/2022</u>				

DATE AMOUNT

Full Name of Contributing Com	мо	DAY	YEAR			
Z PAC PA SOCIETY OF ANESTHESIOLOGIST PAC				JA.	ILAK	\$ 500.00
Mailing Address 50 S PROVIDENCE RD				22	2022	,
City MEDIA	State	Zip Code (Plus 4)	. 12		2022	
	PA	190633531				

PAGE TOTAL\$ 500.00

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

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	1			Reporting Period					
				Fron	n:		To):	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	s 4)					
Employer Name		•			Occupa	tion			
Employer Mailing Address/Principal Pl	ace of Business		City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumn	nary Page,	Section	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:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	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 Per	riod							
FRIENDS OF DAN MILLER	From:	<u>11/29/2022</u> To:	12/31/2022						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R							
TOTAL for the Reporting Pe	eriod (1)	\$	24.02						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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,	•	\$	24.02						

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candi	idate		Reporting 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:	•		•	•	•			
	nter Grand Total of Part F on Schedule II, In-Kind Contributions De				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				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period							
FRIENDS OF DAN MILLER			From	12/31/2022							
						DATE AM					
To Whom Paid ACT BLUE/VANTIV	мо	DAY	YEAR								
Mailing Address PO BOX 441146				9	2022	\$	2.59				
City WEST SOMERVILLE	State	Zip Code (Plus 4)	Description of Expenditure								
	МА	021440031	E-COM	IERCE CHA	RGE						
To Whom Paid			МО	DAY	YEAR						
PNC BANK											
Mailing Address 1717 COCHRAN RD			12	2	2022	\$	29.02				
City WABASH State Zip Code (Plus 4)				tion of Exp	enditure						

	PA	152201036	BANKCARD MERCHANT FEE		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL	
				\$	31.61