Campaign Finance Report

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

Filer Identification 20220175 Number :					Rep File			CAND	DATE		СОМ	4ITTEE	✓	LOBBYIST			
Name of Filing C	ommittee, Candid	ate or Lo	obbyist:		Frier	nds	of Nic	k Miller									
Street Address:	PO Box 1799																
City:	Allentown							State:	PA	PA			Zip Code: 18105				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		POST-			AMENDMENT REPORT?		Yes	No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pre	Ē- 5	5.	30 DA ELECT		POST-	6. X		TERMINA REPORT		Yes	No	~	
report type)	ANNUAL REPORT	7.	Year 2023					IG METH CHECK C				PAPER			DISKE	TTE	
Name of Office S	ought by Candida	te:	-		_			DATE ()F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code	
								МО	DAY	YE	AR		10000	 			
								11		7	2023		(SEE IN	STRUCTIO	ONS FOR O	ODES)	
Summary of Receipts and Expenditures from:					ł			мо	DAY	ΥI	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		10 24	2	023	Т	0	11		27	2023						
A. Amount Bro	ught Forward Fron	n Last R	eport		•		\$		•	48,3	366.67	1					
B. Total Moneta	ary Contributions I	And Rec	eipts (From	Sche	dule	I)	\$			8,1	100.00						
C. Total Funds Available (Sum Of Lines A and B)						\$			56,4	166.67							
D. Total Expend	ditures (From Scho	edule II	I)				\$			1	.62.01						
E. Ending Cash	Balance (Subtract	Line D	From Line (C)			\$			56,3	04.66						
F. Value Of In-	Kind Contributions	Receiv	ed (From Se	chedu	le II)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$			35,0	00.00						
				AFF	IDA	١٧٧	ΓSE	CTION									
	a Committee rep	•	_														ı
correct and comple	that this report, inclete.	uaing the	attached sci	1eaule:	s filed	ı on	paper o	or by elec	tronic m	eaium	, are to t	ne best o	r my kno	wieage i	and belle	er, true	ı
Sworn to and subs	cribed before me this day of	•	20							S	ignature	of Perso	n Submit	ting Rep	ort		
	Signatu	re					- -					Prin	ted Name	e			
My Commission Ex	_											Ema	il				ı
	мо	D	AY	YR			_		Ar	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	polit	ical	commi	ittee has ı	not viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333,	l
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			I
	day of						-					Printe	d Name				
Mar Community is 7	Signature						-					Ema					
My Commission Exp	<u></u>																
	МО	D	AY	YR	1				Area	Code		Da	ytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period								
Friends of Nick Miller	From:	10/24/202	<u>3</u> To:	11/27/2023						
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor										
TOTAL for the Reporting) 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)	\$	100.00								
TOTAL for the Reporting	(2)	\$	100.00							
3. Contributions Received Over \$250.00 (From Part C and Part D)										
Contributions Received From Political Committees (Part C)			\$	6,000.00						
All Other Contributions (Part D)			\$	2,000.00						
TOTAL for the Reporting) Period	(3)	\$	8,000.00						
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 Pa			\$	8,100.00						

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 Commit		Reporting Period							
Fr							То	:	
			•			DATE			AMOUNT
Full Name of Contributin	ng Committee			M	0	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

DATE

Friends of Nick Miller

From:

<u>10/24/2023</u> **To:**

11/27/2023

AMOUNT

Full Name of Contributor			мо	DAY	YEAR	
Roy Afflerbach			1.0	57(1		
Mailing Address 2484 Swee	Mailing Address 2484 Sweet Gum Cir					\$ 100.00
City York	State	Zip Code (Plus 4)	10	24	2023	
	PA	174067537				

PAGE TOTAL \$ 100.00

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					
Friends of Nick Miller			From:	10/2	4/2023	То:	11/27/2023
				DA	TE		AMOUNT
Full Name of Contributing Committee 1776 PAC				мо	DAY	YEAR	\$ 500.00
Mailing Address 3031 A Walton Rd S	te 201			10	31	2023	300.00
City Plymouth Meeting	State PA	' ' '			31	2023	
Full Name of Contributing Committee AFSCME Council 13 Political & Description (Contribution)	slative			МО	DAY	YEAR	\$ 500.00
Mailing Address 4031 Executive Park	Dr			10	24	2023	
City Harrisburg	State PA	Zip Code 171111	e (Plus 4) 507				
Full Name of Contributing Committee B & D PAC		мо	DAY	YEAR	\$ 500.00		
Mailing Address 24 Aqueduct Rd				10	31	2023	300.00
City Duncannon	State PA	Zip Code 170209	e (Plus 4) 614		51	2023	
Full Name of Contributing Committee Capital Blue PAC				мо	DAY	YEAR	\$ 500.00
Mailing Address PO Box 60710				10	31	2023	300.00
City Harrisburg	State PA	Zip Code 171060	Plus 4)	10	51	2023	
Full Name of Contributing Committee CPA PAC				мо	DAY	YEAR	\$ 1,000.00
Mailing Address 500 N 3rd St Ste 60	0A			10	31	2023	_,
City Harrisburg	State PA	Zip Code 171011	e (Plus 4) 163				
Full Name of Contributing Committee DISPAC				мо	DAY	YEAR	\$ 500.00
Mailing Address 230 S Broad St Ste 903			10	24	2023		
City Philadelphia	State PA	Zip Code 191024	e (Plus 4) 106	_			

Full Name of Cont	I Name of Contributing Committee					YEAR	
Friends of Freedo	m & Convenience	1		МО	DAY	1 2711	\$ 1,000.00
Mailing Address	2295 N Susquehanna	a Trl		10	24	2023	,
City York		State	Zip Code (Plus 4)	10		2023	
		PA	174048495				
Full Name of Cont	ributing Committee			мо	DAY	YEAR	
Highmark PAC							\$ 500.00
Mailing Address	1800 Center St			10	31	2023	
City Camp Hill		State	Zip Code (Plus 4)				
		PA	170111741				
L							
Full Name of Cont	ributing Committee		!	мо	DAY	YEAR	
Full Name of Cont School Bus PAC	ributing Committee			МО	DAY	YEAR	\$ 500.00
	ributing Committee 623 N Broad St						\$ 500.00
School Bus PAC		State	Zip Code (Plus 4)	MO	DAY 31	YEAR 2023	\$ 500.00
School Bus PAC Mailing Address		State PA	Zip Code (Plus 4) 194462316				\$ 500.00
School Bus PAC Mailing Address City Lansdale			` ` ` ′	10	31	2023	\$ 500.00
School Bus PAC Mailing Address City Lansdale	623 N Broad St		` ` ` ′				\$ 500.00
School Bus PAC Mailing Address City Lansdale Full Name of Cont	623 N Broad St		` ` ` ′	10 MO	31 DAY	2023 YEAR	
School Bus PAC Mailing Address City Lansdale Full Name of Cont Versant Strategie	623 N Broad St ributing Committee s 116 Pine St Fl 5		` ` ` ′	10	31	2023	

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

PAGE TOTAL\$ 6,000.00

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					Reporting Period					
Friends of Nick Miller				Fron	n:	10/24/2	023 T o	o:	11/2	7/2023
					DA	ATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR	T,		F00.00
Arjana Etchason					1-10	DAI	ILAN	_ \$	•	500.00
Mailing Address 128 N Main St					11	12	2023	3		
City Allentown	State	Zip	p Code (Plus	4)						
	PA	18	1045354					ı		
Employer Name Not Employed	T.				Occupat	ion	Not Em	ploye	ed	
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip	Code (Plu	ıs 4)
128 N Main St			Allentown			PA		183	1045354	
Full Name of Contributor					мо	DAY	YEAR	\$;	500.00
Janet Gross								'		300.00
Mailing Address 2804 W Gordon St					11	6	2023	3		
City Allentown	State	l '	Code (Plus	4)						
	PA	18	31044851		_	_		<u> </u>		
Employer Name Not Employed			_		Occupat	1	Not Em	i ´		
Employer Mailing Address/Principal Plac	e of Business		City			State			Code (Plu	ıs 4)
2804 W Gordon St			Allentown		PA			181	1044851	
Full Name of Contributor					мо	DAY	YEAR	s		500.00
Michael Krajsa								1	•	300.00
Mailing Address 624 State Rd					11	26	2023	3		
City Coopersburg	State	Zip	Code (Plus	4)						
	PA	18	0361701					I		
Employer Name Retired					Occupat	ion	Retired			
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip	Code (Plu	ıs 4)
624 State Rd			Coopersbu	ırg		PA		180	0361701	
Full Name of Contributor					мо	DAY	YEAR	T,	_	F00.00
Jennifer Mann						DA.		_ \$	•	500.00
Mailing Address 2845 Parkway Blvd					11	14	2023	3		
City Allentown	State	Zip	p Code (Plus	4)						
	PA	18	1045377					ı		
Employer Name JLMann Consulting					Occupat	ion (Consult	ant		
Employer Mailing Address/Principal Place of Business City			State			Zip Code (Plus 4)		ıs 4)		
2845 Parkway Blvd	2845 Parkway Blvd Allentown				PA			181045377		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sect			Section	on 3.				PAGE T	OTAL	

2,000.00

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 Perio	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address		_					
City	State	Zip Code (Plus 4)				
Receipt Description		•			•	•	
		_		_			PAGE TOTAL
Enter Grand Total of Part E on Schedu	lie 1, Detailed Sumn	nary 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 Per	iod								
Friends of Nick Miller	From:	<u>10/24/2023</u> To:	11/27/2023							
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR										
TOTAL for the Reporting Pe	eriod (1)	\$	0.00							
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,	•	\$	0.00							

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period					
			From:			То:		
				DATE			AMOUNT	
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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(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	Reporting F	Period		
Friends of Nick Miller	From	10/24/2023	То:	11/27/2023

				DATE		AMOUNT						
To Whom Paid			МО	DAY	YEAR							
ActBlue			1-10		7 = 7 0							
Mailing Address 366 Summer St				8	2023	\$	18.73					
City Somerville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure							
MA 021443132				Processing Fees								
To Whom Paid				DAY	YEAR							
ActBlue					ILAK							
Mailing Address 366 Summer St			11	15	2023	\$	18.73					
City Somerville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•						
MA 021443132				ing Fees								
To Whom Paid			мо	DAY	YEAR							
ActBlue				1.5	2022	 \$	18.73					
Mailing Address 366 Summer St			11	16	2023		10.75					
CitySomervilleStateZip Code (Plus 4)MA021443132				Description of Expenditure								
				Processing Fees								
To Whom Paid			мо	DAY	YEAR							
Pressable Inc.												
Mailing Address 110 E Houston St # 140			11	20	2023	\$	25.00					
City San Antonio	Zip Code (Plus 4)	Description of Expenditure										
	Website											
To Whom Paid			МО	DAY	YEAR							
State Farm												
Mailing Address 3438 Hamilt	on Blvd		11	7	2023	\$	50.08					
City Allentown	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•						
	PA 181034539					Office Insurance						
To Whom Paid			МО	DAY	YEAR							
Wix												
Mailing Address 500 Terry A Francois Blvd			11	12	2023	\$	30.74					
City San Francisco	Description of Expenditure											
	CA 941582354 Website											
Enter Grand Total of Evnenditures on Page 1. Percet Caver Page 1 tem D						PAGE TOTAL						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	162.01					

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate				Reporting Period								
Friends of Nick Miller				From:	<u>10</u>	То:	11/27/2023					
<u> </u>				DATE				Outstanding Balance of Debt				
Name of Creditor					мо	DAY	YEAR					
Nicholas P	Miller					140		LAK				
Mailing Address 202 N 17th St				4	8	2022	2 \$	i	10,000.00			
City Allentown State Zip Code (Plus 4)			lus 4)	Description of Debt								
	PA 181045605			Loan to Campaign								
Name of Creditor				мо	DAY	YEAR						
Nicholas P Miller												
Mailing Address 202 N 17th St				4	29	2022	2 \$;	10,000.00			
City All	lentown		State Zip Code (Plus 4)			Description of Debt						
			PA	181045605	5	Loan to Campaign						
Name of Creditor Nicholas P Miller				мо	DAY	YEAR						
Mailing Address 202 N 17th St				10	26	2022	<u> </u>	;	15,000.00			
City All	lentown		State Zip Code (Plus 4)			Description of Debt						
PA 181045605 Loan to Campaign												
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.								P/	AGE TOTAL			
							\$		35,000.00			