

Campaign Finance Report

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

Filer Identification Number : 20220175		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: Friends of Nick Miller										
Street Address: PO Box 1799										
City: Allentown			State: PA		Zip Code: 18105					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2023	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR				
				11	7	2023	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		10	24	2023	TO	11	27	2023		
A. Amount Brought Forward From Last Report				\$		48,366.67				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		8,100.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		56,466.67				
D. Total Expenditures (From Schedule III)				\$		162.01				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		56,304.66				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		35,000.00				

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 Area Code Daytime Telephone Number

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 subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Friends of Nick Miller	From: <u>10/24/2023</u> To: <u>11/27/2023</u>

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 Period (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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 8,100.00
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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: _____
DATE AMOUNT	

Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 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 Friends of Nick Miller	Reporting Period From: <u>10/24/2023</u> To: <u>11/27/2023</u>
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				DATE	AMOUNT	
Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
Roy Afflerbach						
Mailing Address 2484 Sweet Gum Cir						
City York	State PA	Zip Code (Plus 4) 174067537	10	24	2023	

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 Friends of Nick Miller	Reporting Period From: <u>10/24/2023</u> To: <u>11/27/2023</u>
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			DATE	AMOUNT		
Full Name of Contributing Committee	Mailing Address	City	MO	DAY	YEAR	
1776 PAC	3031 A Walton Rd Ste 201	Plymouth Meeting	10	31	2023	\$ 500.00
		State: PA Zip Code (Plus 4): 194622369				
AFSCME Council 13 Political & Legislative	4031 Executive Park Dr	Harrisburg	10	24	2023	\$ 500.00
		State: PA Zip Code (Plus 4): 171111507				
B & B PAC	24 Aqueduct Rd	Duncannon	10	31	2023	\$ 500.00
		State: PA Zip Code (Plus 4): 170209614				
Capital Blue PAC	PO Box 60710	Harrisburg	10	31	2023	\$ 500.00
		State: PA Zip Code (Plus 4): 171060710				
CPA PAC	500 N 3rd St Ste 600A	Harrisburg	10	31	2023	\$ 1,000.00
		State: PA Zip Code (Plus 4): 171011163				

Full Name of Contributing Committee DISPAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 230 S Broad St Ste 903			10	24	2023	
City Philadelphia	State PA	Zip Code (Plus 4) 191024106				

Full Name of Contributing Committee Friends of Freedom & Convenience			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 2295 N Susquehanna Trl			10	24	2023	
City York	State PA	Zip Code (Plus 4) 174048495				

Full Name of Contributing Committee Highmark PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 1800 Center St			10	31	2023	
City Camp Hill	State PA	Zip Code (Plus 4) 170111741				

Full Name of Contributing Committee School Bus PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 623 N Broad St			10	31	2023	
City Lansdale	State PA	Zip Code (Plus 4) 194462316				

Full Name of Contributing Committee Versant Strategies			MO	DAY	YEAR	\$ 500.00
Mailing Address 116 Pine St Fl 5			10	31	2023	
City Harrisburg	State PA	Zip Code (Plus 4) 171011244				

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

PAGE TOTAL
\$ 6,000.00

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 Friends of Nick Miller	Reporting Period From: <u>10/24/2023</u> To: <u>11/27/2023</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Arjana Etchason					
Mailing Address 128 N Main St				\$ 500.00	
City Allentown	11	12	2023		
State PA	Zip Code (Plus 4) 181045354				
Employer Name Not Employed				Occupation Not Employed	
Employer Mailing Address/Principal Place of Business 128 N Main St		City Allentown		State PA	Zip Code (Plus 4) 181045354
Janet Gross					
Mailing Address 2804 W Gordon St				\$ 500.00	
City Allentown	11	6	2023		
State PA	Zip Code (Plus 4) 181044851				
Employer Name Not Employed				Occupation Not Employed	
Employer Mailing Address/Principal Place of Business 2804 W Gordon St		City Allentown		State PA	Zip Code (Plus 4) 181044851
Michael Krajsa					
Mailing Address 624 State Rd				\$ 500.00	
City Coopersburg	11	26	2023		
State PA	Zip Code (Plus 4) 180361701				
Employer Name Retired				Occupation Retired	
Employer Mailing Address/Principal Place of Business 624 State Rd		City Coopersburg		State PA	Zip Code (Plus 4) 180361701

Full Name of Contributor Jennifer Mann			MO	DAY	YEAR	\$ 500.00
Mailing Address 2845 Parkway Blvd			11	14	2023	
City Allentown	State PA	Zip Code (Plus 4) 181045377				
Employer Name JLMann Consulting			Occupation Consultant			
Employer Mailing Address/Principal Place of Business 2845 Parkway Blvd		City Allentown	State PA	Zip Code (Plus 4) 181045377		

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

PAGE TOTAL
\$ 2,000.00

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
	From: _____ To: _____

				DATE	AMOUNT
Full Name	MO	DAY	YEAR		
Mailing Address				\$	0.00
City	State	Zip Code (Plus 4)			
Receipt Description					

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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 Friends of Nick Miller	Reporting Period From: <u>10/24/2023</u> To: <u>11/27/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)	\$ 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: To:

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

Description of Contribution:

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:		To:	
				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description 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	Reporting Period
Friends of Nick Miller	From <u>10/24/2023</u> To: <u>11/27/2023</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
ActBlue	11	8	2023	\$ 18.73
Mailing Address 366 Summer St				
City Somerville	State MA	Zip Code (Plus 4) 021443132	Description of Expenditure Processing Fees	
To Whom Paid ActBlue	11	15	2023	\$ 18.73
Mailing Address 366 Summer St				
City Somerville	State MA	Zip Code (Plus 4) 021443132	Description of Expenditure Processing Fees	
To Whom Paid ActBlue	11	16	2023	\$ 18.73
Mailing Address 366 Summer St				
City Somerville	State MA	Zip Code (Plus 4) 021443132	Description of Expenditure Processing Fees	
To Whom Paid Pressable Inc.	11	20	2023	\$ 25.00
Mailing Address 110 E Houston St # 140				
City San Antonio	State TX	Zip Code (Plus 4) 782052990	Description of Expenditure Website	
To Whom Paid State Farm	11	7	2023	\$ 50.08
Mailing Address 3438 Hamilton Blvd				
City Allentown	State PA	Zip Code (Plus 4) 181034539	Description of Expenditure Office Insurance	

To Whom Paid Wix			MO	DAY	YEAR	\$ 30.74
Mailing Address 500 Terry A Francois Blvd			11	12	2023	
City San Francisco	State CA	Zip Code (Plus 4) 941582354	Description of Expenditure Website			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 162.01

SCHEDULE IV
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 Friends of Nick Miller				Reporting Period From: <u>10/24/2023</u> To: <u>11/27/2023</u>			
						DATE	Outstanding Balance of Debt
Name of Creditor Nicholas P Miller				MO	DAY	YEAR	\$ 10,000.00
Mailing Address 202 N 17th St				4	8	2022	
City Allentown	State PA	Zip Code (Plus 4) 181045605		Description of Debt Loan to Campaign			
						DATE	Outstanding Balance of Debt
Name of Creditor Nicholas P Miller				MO	DAY	YEAR	\$ 10,000.00
Mailing Address 202 N 17th St				4	29	2022	
City Allentown	State PA	Zip Code (Plus 4) 181045605		Description of Debt Loan to Campaign			
						DATE	Outstanding Balance of Debt
Name of Creditor Nicholas P Miller				MO	DAY	YEAR	\$ 15,000.00
Mailing Address 202 N 17th St				10	26	2022	
City Allentown	State PA	Zip Code (Plus 4) 181045605		Description of Debt Loan to Campaign			
						DATE	Outstanding Balance of Debt
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 35,000.00