### **Campaign Finance Report**

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

| Filer Identificati<br>Number :            | ion                  | 2012         | 0415        |                        |         | Rep<br>File |      |                | CANDI               | DATE                  |        | СОМ        | <b>4ITTEE</b>      | <b>√</b>   | LOBE     | SYIST     |                |  |
|---|----------------------|--------------|-------------|------------------------|---------|-------------|------|----------------|---------------------|-----------------------|--------|------------|--------------------|--|----------|-----------|----------------|--|
| Name of Filing C                          | Committee            | e, Candida   | ate or Lo   | obbyist:               |         | FRIE        | ND:  | S OF           | DAN MIL             | LER                   |        |            |                    |  |          |           |                |  |
| Street Address:                           | РО В                 | OX 1342      | 1           |                        |         |             |      |                |                     |                       |        |            |                    |  |          |           |                |  |
| City:                                     | PITTS                | SBURGH       |             |                        |         |             |      |                | State:              | PA                    |        |            | Zip Cod            | de: 15   | 5243     |           |                |  |
| TYPE OF<br>REPORT                         | 6TH TUES<br>PRE-PRIM |              | 1.          | 2ND FRIDA'<br>PRIMARY  | Y PRE   | - 2         | 2.   | 30 DA<br>PRIMA |                     | POST-                 | 3.     |            | AMENDM<br>REPORT   |  | Yes      | No        | <b>~</b>       |  |
| (place X to<br>the right of               | 6TH TUES             |              | 4.          | 2ND FRIDA'<br>ELECTION | y pre   | <u>-</u> 5  | 5.   | 30 DA<br>ELECT |                     | POST-                 | 6.     |            | TERMINA<br>REPORT  |  | Yes      | No        | <b>\</b>       |  |
| report type)                              | ANNUAL               | REPORT       | 7. <b>X</b> | <b>Year</b> 2024       |         |             |      |                | NG METHO<br>CHECK O |                       |        |            | PAPER              |  | <b>/</b> | DISKE     | TTE            |  |
| Name of Office S                          | –<br>Sought by       | Candidat     | te:         |                        |         |             |      |                | DATE 0              | F ELE                 | CTIO   | N          | District<br>Number | Office<br>Code   | Part     | ty Code   | County<br>Code |  |
| REPRESENTATI                              | VE IN TH             | IE GENER     | ΔΙ ΔSS      | FMRI Y                 |         |             |      |                | МО                  | DAY                   | YE     | AR         | 42                 | STH  | DEM      | 1         |                |  |
|   |                      |              |             |                        |         |             |      |                | 11                  | 11 5 2024 (SEE INSTRU |        |            |                    |  | STRUCTIO | ONS FOR C | ODES)          |  |
| Summary of<br>Expenditures                |                      | and          | МО          | DAY                    | YEAR    |             | _    | ^              | МО                  | DAY                   |        | AR         |                    | R OFFI   | CE USE   | ONLY      |                |  |
|   |                      |              |             | 11 26                  | 2       | 024         | Т    | 1              | 12                  |                       | 31     | 2024       |                    |  |          |           |                |  |
| A. Amount Bro                             |                      |              |             |                        |         |             |      | \$             |                     |                       | 126,9  | 947.21     |                    |  |          |           |                |  |
| B. Total Monet                            |                      |              |             |                        | Sche    | dule        | 1)   | \$             |                     |                       |        | 10.00      |                    |  |          |           |                |  |
| C. Total Funds                            |                      |              |             |                        |         |             |      | \$             |                     |                       |        | 957.21     |                    |  |          |           |                |  |
| D. Total Expen                            | ditures (F           | rom Sche     | edule III   | [)                     |         |             |      | \$             |                     | :                     | 101,5  | 45.41      |                    |  |          |           |                |  |
| E. Ending Cash                            | Balance              | (Subtract    | Line D      | From Line (            | C)      |             |      | \$             |                     |                       | 25,4   | 11.80      |                    |  |          |           |                |  |
| F. Value Of In-                           | Kind Cont            | tributions   | Receive     | ed (From S             | chedu   | le II       | )    | \$             |                     |                       |        | 22.23      |                    |  |          |           |                |  |
| G. Unpaid Debt                            | ts And Ob            | ligations    | (From S     | chedule IV             | )       |             |      | \$             |                     |                       |        | 0.00       |                    |  | •        |           |                |  |
|   |                      |              |             |                        | AFF     | IDA         | VI   | ΓSE            | CTION               |                       |        |            |                    |  |          |           |                |  |
| PART I - If this is                       |                      | -            | -           | _                      |         |             |      |                |                     | -                     |        | _          |                    |  |          |           |                |  |
| I swear (or affirm)<br>correct and comple |                      | report, incl | uding the   | attached scl           | nedule  | s filed     | l on | paper (        | or by elect         | ronic m               | edium  | , are to t | he best o          | f my kno   | wledge a | and belie | ef , true      |  |
| Sworn to and subs                         | scribed befo         | ore me this  |             | 20                     |         |             |      |                |                     |                       | S      | ignature   | of Perso           | n Submit   | ting Rep | ort       |                |  |
|   | _                    |              |             | -                      |         |             |      | -<br>-         |                     |                       |        |            | Prin               | ted Name   | <u> </u> |           |                |  |
| My Commission Ex                          | kpires               | Signatui     | re          |                        |         |             |      |                |                     |                       |        |            | Ema                | il   |          |           |                |  |
|   |                      | мо           | D#          | ΛΥ                     | YR      |             |      | -              |                     | Are                   | ea Cod | le         | Daytim             | e Teleph   | none Nui | mber      |                |  |
| Part II- If this is                       | a report             | of a cand    | lidate's    | authorized             | Comn    | nitte       | e, C | andida         | ate shall           | sign he               | ere.   |            |                    |  |          |           |                |  |
| I swear (or affirm)<br>No 320) as amende  |                      | e best of m  | ıy knowle   | edge and beli          | ef this | polit       | ical | commi          | ittee has n         | ot viola              | ted an | y provisi  | ions of th         | e act of J   | une 3,19 | 937 (P.L. | 1333,          |  |
| Sworn to and subsc                        |                      | re me this   |             |                        |         |             |      |                |                     |                       |        | Si         | ignature o         | of Candid  | ate      |           |                |  |
|   | day of<br>—          |              |             |                        |         |             |      | -              |                     |                       |        |            | Printe             | d Name   |          |           |                |  |
|   |                      | Signature    |             |                        |         |             |      | -              |                     |                       |        |            | 7.11100            | vaille   |          |           |                |  |
| My Commission Exp                         |                      |              |             |                        |         |             |      |                |                     |                       |        |            | Ema                | ere. est of my knowledge and belief , to Person Submitting Report  Printed Name  Email aytime Telephone Number  of the act of June 3,1937 (P.L. 133 ture of Candidate  Printed Name  Email  Daytime Telephone Number |          |           |                |  |
|   | _                    | мо           | DA          | ΑΥ                     | YR      | l           |      | •              |                     | Area                  | Code   |            | Da                 | aytime T   | elephon  | e Numbe   | er             |  |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period  |               |            |
|--|-----------|-----------|---------------|------------|
| FRIENDS OF DAN MILLER  | From:     | 11/26/202 | <u>24</u> To: | 12/31/2024 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |           |               |            |
| TOTAL for the Reporting  | g Period  | (1)       | \$            | 10.00      |
| 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)   | \$        | 0.00      |               |            |
| TOTAL for the Reporting  | g 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       |
| All Other Contributions (Part D)   |           |           | \$            | 0.00       |
| TOTAL for the Reporting  | g Period  | (3)       | \$            | 0.00       |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |           |               |            |
| TOTAL for the Reporting  | g Period  | (4)       | \$            | 0.00       |
|  |           |           | ·<br>         |            |
| 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 |           |           | \$            | 10.00      |

#### **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 Committee or Candidat | e     |                   | Reporting | Period |      |    |        |
|--------------------------------------|-------|-------------------|-----------|--------|------|----|--------|
|                                      |       | 1                 | From:     |        | То   | :  |        |
|                                      |       | •                 |           | DATE   |      |    | AMOUNT |
| Full Name of Contributing Committee  |       |                   | 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.

### 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 Committe  | e or Candidate |                   | Rep | orting P | eriod |      |    |            |
|--------------------------|----------------|-------------------|-----|----------|-------|------|----|------------|
|                          |                |                   | Fro | m:       |       | 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   | Period |     |      |               |            |
|---------------------------------------|----------------------|----------|-------------|--------|-----|------|---------------|------------|
|                                       |                      |          | From:       |        |     | То:  |               |            |
|                                       |                      |          |             | DA     | TE  |      | P             | AMOUNT     |
| Full Name of Contributing Committee   |                      |          |             | мо     | DAY | YEAR |               | 0.0        |
| Mailing Address                       |                      |          |             |        |     |      | <b>-</b>   \$ | 0.0        |
| City                                  | State                | Zip Cod  | e (Plus 4)  |        |     |      |               |            |
|                                       |                      |          |             |        |     |      |               | PAGE TOTAL |
| Enter Grand Total of Part C on Scheo  | dule I, Detailed Sun | nmary Pa | age, Sectio | n 3.   |     |      | \$            | 0.00       |

### 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   |                     |                | Rep     | orting Pe | riod  |      |     |                 |
|---|---------------------|----------------|---------|-----------|-------|------|-----|-----------------|
|   |                     |                | Fron    | n:        |       | т    | o:  |                 |
|   |                     |                |         | D         | ATE   |      |     | AMOUNT          |
| Full Name of Contributor                |                     |                |         | мо        | DAY   | YEAR | \$  | 0.00            |
| Mailing Address                         |                     |                |         |           |       |      |     |                 |
| City                                    | State               | Zip Code (Plus | s 4)    |           |       |      |     |                 |
| Employer Name                           |                     |                |         | Occupat   | tion  |      |     |                 |
| Employer Mailing Address/Principal Plac | e of Business       | City           |         | •         | State |      | Zip | Code (Plus 4)   |
| Enter Grand Total of Part C on Schee    | dule I, Detailed Su | ımmary Page,   | Section | on 3.     |       |      | \$  | PAGE TOTAL 0.00 |
|   |                     |                |         |           |       |      | т   | 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:   |          |     | To:  |    |            |
|                             |                           |               |         | D        | ATE |      |    | AMOUNT     |
| Full Name                   |                           |               |         | мо       | DAY | YEAR | \$ | 0.00       |
| Mailing Address             |                           |               |         |          |     |      | 7  |            |
| City                        | State                     | Zip Code (    | Plus 4) |          |     |      |    |            |
| Receipt Description         | •                         | •             |         |          | •   |      |    |            |
| Forten Commit Tatal of Boot | F an Cabadala I Batallad  | I C B         | C       |          |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part   | e on Schedule I, Detalled | summary 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 | od                    |            |
|--|---------------|-----------------------|------------|
| FRIENDS OF DAN MILLER  | From:         | 11/26/2024 <b>To:</b> | 12/31/2024 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTO | R                     |            |
| TOTAL for the Reporting Pe   | eriod (1)     | \$                    | 22.23      |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR   | T 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, |               | \$                    | 22.23      |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Fron  III Name of Contributor  Mailing Address  ty  State  Zip Code (Plus 4) | Reporting        | g Period             |          |          |      |             |           |      |
|--|------------------|----------------------|----------|----------|------|-------------|-----------|------|
|  |                  |                      | From:    |          |      | To:         |           |      |
|  |                  |                      |          | DATE     |      |             | AMOUNT    |      |
| Full Name of Contributor   |                  |                      | МО       | DAY      | YEAR |             |           |      |
| Mailing Address  |                  |                      |          |          |      | <b>7</b> \$ |           | 0.00 |
| City   | State            | Zip Code (Plus 4)    |          |          |      |             |           |      |
| Description of Contribution:   | -                | <b>-</b>             | •        | •        | •    |             |           |      |
|  |                  |                      |          |          |      |             |           |      |
| Enter Grand Total of Part F on Sche  | dule II, In-Kind | d Contributions Deta | iled Sum | mary Pag | ge,  |             | PAGE TOTA | L    |
| 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         |       |      | AMOUNT              |      |
| Full Name of Contributor                |                  |      |                  |        | мо      | DAY          | YEAR  |      |                     |      |
| Mailing Address                         |                  |      |                  |        |         |              |       |      | \$                  | 0.00 |
| City                                    | State            |      | Zip Code(Plus 4) |        |         |              |       |      |                     |      |
| Employer of Contributor                 |                  |      |                  |        | Occup   | ation        |       |      |                     |      |
| Employer Mailing Address/Principal Plac | e of Business    | City | ′                | Stat   | e Zip   | Code(Plus 4) | Desci | ript | ion of Contribution | on   |
| Enter Grand Total of Part G on Scho     | edule II, In-Kir | nd C | ontributions De  | etaile | ed      |              |       |      | PAGE TO             | ΓAL  |
| Summary Page, Section 3.                | <b></b>          |      |                  |        |         |              |       |      |                     | 0.00 |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period |            |     |            |  |
|---------------------------------------|------------------|------------|-----|------------|--|
| FRIENDS OF DAN MILLER                 | From             | 11/26/2024 | То: | 12/31/2024 |  |

|                               |                    |                   |         | DATE        |          |          | AMOUNT |
|-------------------------------|--------------------|-------------------|---------|-------------|----------|----------|--------|
| To Whom Paid                  |                    |                   | мо      | DAY         | YEAR     |          |        |
| CHAR VALLEY DEMOCRATIC CHAIR  | RS                 |                   | 1-10    |             | 1 = 2 \  |          |        |
| Mailing Address 399 LUANN DR  |                    |                   | 12      | 13          | 2024     | \$       | 250.00 |
| City MC KEES ROCKS            | State              | Zip Code (Plus 4) | Descrip | tion of Exp | enditure |          |        |
|                               | PA                 | 151361849         | EVENT : | SPONSOR     |          |          |        |
| To Whom Paid                  |                    |                   | мо      | DAY         | YEAR     |          |        |
| DAN MILLER                    |                    |                   | М       |             | ILAK     |          |        |
| Mailing Address 467 LONGRIDG  | GE DR              |                   | 12      | 3           | 2024     | \$       | 366.24 |
| City PITTSBURGH               | State              | Zip Code (Plus 4) | Descrip | tion of Exp | enditure |          |        |
|                               | PA                 | 152432049         | MAIL SI | JPPLIES AI  | ND THAN  | K YOU    |        |
| To Whom Paid                  |                    |                   | МО      | DAY         | YEAR     |          |        |
| DAN MILLER                    |                    |                   | 1-10    |             | IZAK     |          |        |
| Mailing Address 467 LONGRIDG  | GE DR              |                   | 12      | 3           | 2024     | \$       | 100.91 |
| City PITTSBURGH               | State              | Zip Code (Plus 4) | Descrip | tion of Exp | enditure |          |        |
|                               | PA                 | 152432049         | EVENT   | REFRESHM    | IENTS    |          |        |
| To Whom Paid                  | •                  | ·                 |         | DAY         | VEAD     |          |        |
| PENN HILLS DEMOCRATIC COMMI   | TTEE               |                   | МО      | DAY         | YEAR     |          |        |
| Mailing Address 12733 FRANKS  | TOWN RD            |                   | 12      | 5           | 2024     | \$       | 500.00 |
| City PENN HILLS               | State              | Zip Code (Plus 4) | Descrip | tion of Exp | enditure |          |        |
|                               | PA                 | 152352035         | EVENT : | SPONSOR     |          |          |        |
| To Whom Paid                  |                    |                   | мо      | DAY         | YEAR     |          |        |
| PNC BANK                      |                    |                   | 140     |             | ILAK     |          |        |
| Mailing Address 1717 COCHRAN  | N RD               |                   | 12      | 2           | 2024     | \$       | 28.26  |
| City PITTSBURGH               | State              | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | l        |        |
|                               | PA                 | 152201036         | BANKCA  | ARD MERC    | HANT FEE |          |        |
| To Whom Paid                  |                    |                   | МО      | DAY         | YEAR     |          |        |
| ROTARY UPPER ST. CLAIR-BETHEL | . PARK BREAKFAST C | CLUB              | MO      |             | ILAK     |          |        |
| Mailing Address 5308 MADISON  | I AVE              |                   | 11      | 26          | 2024     | \$       | 300.00 |
| City BETHEL PARK              | State              | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | <u> </u> |        |
|                               | PA                 | 151023632         | EVENT : | SPONSOR     |          |          |        |
|                               |                    | <b>-</b>          | •       |             |          |          |        |

|   |                   |                            |  |  |  | TAGE 12  |
|---|-------------------|----------------------------|--|--|--|--|
| To Whom Paid  |                   |                            | DAY  | VEAR   |  |  |
| VOTE DAN MILLER   |                   |                            |  | ILAK   |  |  |
| Mailing Address PO BOX 40106  |                   | 12                         | 4  | 2024   | \$   | 100,000.00   |
| State   | Zip Code (Plus 4) | Description of Expenditure |  |  |  |  |
| PA  | 152010106         | CAMPAIGN SUPPORT           |  |  |  |  |
|   |                   |                            |  |  |  | PAGE TOTAL   |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |                   |                            |  |  | \$   | 101,545.41   |
|   |                   |                            |  |  |  |  |
|   |                   |                            |  |  |  |  |
|   |                   |                            |  |  |  |  |
|   |                   |                            |  |  |  |  |
|   |                   |                            |  |  |  |  |
|   |                   |                            |  |  |  |  |
|   | PA                | PA 152010106               | State Zip Code (Plus 4) Descriptor Descripto | State Zip Code (Plus 4) Description of Exp PA 152010106 CAMPAIGN SUPPO | State Zip Code (Plus 4) Description of Expenditure PA 152010106 CAMPAIGN SUPPORT | State Zip Code (Plus 4) Description of Expenditure PA 152010106 CAMPAIGN SUPPORT  The Page 1, Report Cover Page, Item D. |