### **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	20240	C0430				port ed B		CAN	IDI	DATE	✓	cc	MMITTEE		LOBI	BYIST		
Name of Filing C	committe	e, Candida	ate or L	obbyist:				LLER										<u> </u>	_
Street Address:																			
									State					Zin Code	. 15	243			
City:	_			•					State	: 				Zip Code	e: 15	243	_		
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No	•	<b>/</b>
(place X to the right of	6TH TUES		4.	2ND FRIDA' ELECTION	y pri	E-	5.	30 DA		Р	OST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No	•	<b>/</b>
report type)	ANNUAL	. REPORT	7. <b>X</b>	<b>Year</b> 2024						ETHOD PAPER DISKET						TTE			
Name of Office S	Sought by	, Candidat							DAT	E 0	F ELE	СТІО	N	District	Office	Par	ty Code		
Name of Office 5	ought by	Canada	С.						МО		DAY	YE	AR	Number 42	<b>Code</b> STH	DEN	1	Code	
REPRESENTATI	VE IN TH	HE GENER	AL ASS	EMBLY						11		5	2024	<u> </u>	(SEE INS	TRUCTI	ONS FOR	CODES)	
Summary of	Receipts	s and	МО	DAY	YEAR	ł			МО		DAY	YE	AR	FOF	R OFFIC	E USE	ONLY		
Expenditures	from:		:	11 26	2	024	Т	0		12	3	31	2024						
A. Amount Bro	ught For	ward From	ı Last R	eport				\$				•	0.00						
B. Total Moneta	ary Conti	ributions A	nd Rec	eipts (From	Sche	dule	e I)	\$					0.00						
C. Total Funds	Available	e (Sum Of	Lines A	and B)				\$					0.00						
D. Total Expend	ditures (	From Sche	dule II	I)				\$					0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line (	C)			\$					0.00						
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Ob	oligations	(From S	Schedule IV	)			\$					0.00		'				
					AFF	ID	AVI	T SE	CTIO	N									
PART I - If this is	s a Comn	nittee repo	rt, trea	surer sign l	here.	If th	nis is	a Car	didat	e re	port, c	andid	late sig	gn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	ed on	paper	or by e	lectr	ronic me	edium,	are to	the best of	my know	/ledge	and beli	ef , tru	ıe
Sworn to and subs	cribed bef day of	ore me this		20								Si	ignature	e of Person	Submitt	ing Rep	ort		-
	_	Signatur						- -						Printe	ed Name				-
My Commission Ex	cpires	Signatur	e											Email					-
		мо	Di	AY	YR			-			Are	ea Cod	e	Daytime	Teleph	one Nu	mber		_
Part II- If this is	a report	of a cand	idate's	authorized	Comr	nitte	ee, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee ha	as no	ot viola	ted any	y provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	;,
Sworn to and subsc	ribed befo	re me this											s	ignature of	Candida	te			-
-	day of —			_ 20				_											_
		Ciam-t-						_						Printed	Name				
My Commission Exp		Signature								•				Email					-
	-	мо	D/	AY	YR	ł		-			Area	Code		Day	time Te	lephon	e Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
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	) 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)			\$	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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	j Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

#### **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	Name of Filing Committee or Candidate				Reporting Period							
		F	rom:		То	I						
		'		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.

Name of Filing Comm	nittee or Candidate	Re	porting I	Period			
		Fre	om:		To	o:	
		l		DATE			AMOUNT
Full Name of Contribut	or		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
						1	
	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 Cai	me or Filing Committee or Candidate				Reporting Period						
			From:			То:					
				DA	TE		Α	MOUNT			
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00			
Mailing Address							<b>-</b>   \$	0.00			
City	State	Zip Code	e (Plus 4)								
								PAGE TOTAL			
Enter Grand Total of Part C o	on Schedule I, Detaile	d Summary 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				Repo	orting Pe	riod					
				Fron	n:		-	То:			
					D	ATE			,	AMOUNT	
Full Name of Contributor					МО	DAY	YEAI	R	\$		0.00
Mailing Address											
City	State	Zip	Code (Plus	4)							
Employer Name					Occupa	tion					
Employer Mailing Address/Principal Plac	e of Business		City			State		Z	ip Co	ode (Plus 4)	
Enter Grand Total of Part C on Schee	dule I, Detailed Su	umm	nary Page,	Section	on 3.			\$		<b>PAGE TOTAL</b>	
							L				

## 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:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Count Total of Dout	Fan Cahadula I Datailad	I Commence Dance C	` <b>!</b>	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	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 Peri	od	
DAN MILLER	From:	<u>11/26/2024</u> <b>To:</b>	<u>12/31/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	र	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
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,	•	\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

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

Name of Filing Committee or Car	Name of Filing Committee or Candidate Re					Reporting Period						
	F					To						
				DATE			AMOUNT					
Full Name of Contributor				DAY	YEAR							
Mailing Address						<b>7</b> \$	C	0.00				
City	State	Zip Code (Plus 4)										
Description of Contribution:	•		•	•		•						
					-							
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	ailed Summary Page,			PAGE TOTAL						
Section 2.						\$	0	.00				

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Rep	porting	Period			
				Fro	m:		То:		
						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	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate					Reporting Period					
						То:					
				DATE			AMOUNT				
To Whom Paid	мо	DAY	YEAR								
Mailing Address						\$	0.00				
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure						
Futor Count Total of Francisco and Poss 1 Po							PAGE TOTAL				
Lines Grand Total of Expenditures	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00				