

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: 18101			
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. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2025	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	4	2025				
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		5	6	2025		6	9	2025				
A. Amount Brought Forward From Last Report						\$ 101,559.07						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 18,000.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 119,559.07						
D. Total Expenditures (From Schedule III)						\$ 2,506.75						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 117,052.32						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00						

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 of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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>5/6/2025</u> To: <u>6/9/2025</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)	\$ 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)	\$ 12,500.00
All Other Contributions (Part D)	\$ 5,500.00
TOTAL for the Reporting Period (3)	\$ 18,000.00

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.)	\$ 18,000.00
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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: <u>5/6/2025</u> To: <u>6/9/2025</u>

				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,000.00
CPA PAC				5	27	2025	
Mailing Address 500 N 3rd St Ste 200A							
City Harrisburg		State PA	Zip Code (Plus 4) 171011111				
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
Duane Morris Govt Committee State & Local Fund				6	7	2025	
Mailing Address 30 S 17th St							
City Philadelphia		State PA	Zip Code (Plus 4) 191034001				
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,000.00
Erie Insurance PAC				6	7	2025	
Mailing Address PO Box 1699							
City Erie		State PA	Zip Code (Plus 4) 165301000				
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 5,000.00
IUPAT DC 21 Political Action Fund				6	7	2025	
Mailing Address 2980 Southampton Rd							
City Philadelphia		State PA	Zip Code (Plus 4) 191541202				
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,000.00
PA Realtors PAC				5	27	2025	
Mailing Address 500 N 12th St							
City Lemoyne		State PA	Zip Code (Plus 4) 170431241				
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
Pennsylvania Apartment Association				6	7	2025	
Mailing Address 1 Bala Plz Ste 515							
City Bala Cynwyd		State PA	Zip Code (Plus 4) 190041418				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 2,500.00
Pennsylvania Automotive Association PAC						
Mailing Address PO Box 2955			5	27	2025	
City Harrisburg	State PA	Zip Code (Plus 4) 171052955				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 1,000.00
PSCOA PAC			6	7	2025	
Mailing Address 2421 N Front St						
City Harrisburg	State PA	Zip Code (Plus 4) 171101110				

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

<p>PAGE TOTAL</p> <p>\$ 12,500.00</p>
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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>5/6/2025</u> To: <u>6/9/2025</u>
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				DATE			AMOUNT
Full Name of Contributor Charles Thiel				MO	DAY	YEAR	\$ 500.00
Mailing Address 22 S 16th St				6	2	2025	
City Allentown	State PA	Zip Code (Plus 4) 181024402					
Employer Name IotaComm Inc				Occupation CRO			
Employer Mailing Address/Principal Place of Business 600 Hamilton St			City Allentown		State PA	Zip Code (Plus 4) 181012105	
Full Name of Contributor Wind Creek Bethlehem				MO	DAY	YEAR	\$ 2,500.00
Mailing Address 77 Sands Blvd				6	7	2025	
City Bethlehem	State PA	Zip Code (Plus 4) 180157705					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City		State	Zip Code (Plus 4)	
Full Name of Contributor Peter Zaharchuk				MO	DAY	YEAR	\$ 2,500.00
Mailing Address 1420 Locust St Apt 36R				5	27	2025	
City Philadelphia	State PA	Zip Code (Plus 4) 191024221					
Employer Name Summit Realty Advisors				Occupation Assistant Project Manager			
Employer Mailing Address/Principal Place of Business 201 S Maple StSte 100			City Ambler		State PA	Zip Code (Plus 4) 190025536	

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

PAGE TOTAL
\$ 5,500.00

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:
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			DATE			AMOUNT	
Full Name			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
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		Reporting Period	
Friends of Nick Miller		From: <u>5/6/2025</u> To: <u>6/9/2025</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 RECIEVED - 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:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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>5/6/2025</u> To: <u>6/9/2025</u>

DATE				AMOUNT
To Whom Paid				
ActBlue				
Mailing Address	366 Summer St	MO	DAY	YEAR
		6	2	2025
City	Somerville	State	MA	Zip Code (Plus 4)
				021443132
Description of Expenditure				
online contributions service fee				\$ 7.50
To Whom Paid				
Friends of Cynthia Mota				
Mailing Address	526 N Saint Cloud St Ste 4	MO	DAY	YEAR
		6	7	2025
City	Allentown	State	PA	Zip Code (Plus 4)
				181045041
Description of Expenditure				
contribution				\$ 1,000.00
To Whom Paid				
Hilton Harrisburg				
Mailing Address	1 N 2nd St	MO	DAY	YEAR
		5	24	2025
City	Harrisburg	State	PA	Zip Code (Plus 4)
				171011601
Description of Expenditure				
Event venue and refreshments				\$ 475.00
To Whom Paid				
Inkwell				
Mailing Address	1125 W Hamilton St	MO	DAY	YEAR
		6	9	2025
City	Allentown	State	PA	Zip Code (Plus 4)
				181011056
Description of Expenditure				
event sponsorship				\$ 265.00
To Whom Paid				
Nicholas P Miller				
Mailing Address	202 N 17th St	MO	DAY	YEAR
		5	19	2025
City	Allentown	State	PA	Zip Code (Plus 4)
				181045605
Description of Expenditure				
political dinner reimbursement				\$ 468.02
To Whom Paid				
Stripe				
Mailing Address	354 Oyster Point Blvd	MO	DAY	YEAR
		6	2	2025
City	South San Francisco	State	CA	Zip Code (Plus 4)
				940801912
Description of Expenditure				
credit card processing fee				\$ 11.23

To Whom Paid Syrian Arab American Charity Association			MO	DAY	YEAR	\$ 280.00
Mailing Address 608 N 2nd St			5	10	2025	
City Allentown	State PA	Zip Code (Plus 4) 181022504	Description of Expenditure contribution			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 2,506.75

