COMMONWEALTH OF PENNSYLVANIA

CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* did not exceed $250.00 during the reporting period.

FILER IDENTIFICATION NUMBER ▶ | REPORT FILED ON BEHALF OF ▶ | CANDIDATE 1. ✓ | COMMITTEE 2. | LOBBYIST 3.

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST
Amber M. Miller

STREET ADDRESS
515 Cunningham Dr.

CITY: Erie | STATE: PA | ZIP CODE: 16511 —

TYPE OF REPORT (CHECK ONE)

6TH TUESDAY PRE-PRIMARY	1.
2ND FRIDAY PRE-PRIMARY	2.
30 DAY POST-PRIMARY	3. ✓
6TH TUESDAY PRE-ELECTION	4.
2ND FRIDAY PRE-ELECTION	5.
30 DAY POST-ELECTION	6.
ANNUAL REPORT	7.

NAME OF OFFICE SOUGHT BY CANDIDATE: School Director | DISTRICT NO. | PARTY

DATE OF ELECTION: MO. 11 | DAY 7 | YEAR 23

DATES OF REPORTING PERIOD: MO. 5 | DAY 2 | YEAR 23 TO MO. 6 | DAY 5 | YEAR 23

CASH BALANCE AT END OF REPORTING PERIOD: $ Ø

TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: $ Ø

AMENDMENT REPORT?	YES		NO	✓
TERMINATION REPORT?	YES		NO	✓

FOR OFFICE USE ONLY

2023 JUN -5 PM 3:39
ERIE COUNTY VOTER REGISTRATION

AFFIDAVIT SECTION

PART I -
If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
If statement is filed on behalf of a Candidate, the Candidate must sign here.
If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS ($250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 5 DAY OF June 20 23

Sue Sheffield
SIGNATURE

MY COMMISSION EXPIRES 12-02-2026 (MO. DAY YR.)

Commonwealth of Pennsylvania - Notary Seal
Sue Sheffield, Notary Public
Erie County
My commission expires December 2, 2026
Commission number 1427443
Member, Pennsylvania Association of Notaries

SIGNATURE OF PERSON SUBMITTING REPORT

Amber M. Miller
PRINTED NAME

814 AREA CODE | 857-2466 DAYTIME TELEPHONE NUMBER

PART II -
If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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

_____ AREA CODE | _____ DAYTIME TELEPHONE NUMBER