

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 <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>												
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Amber M. Miller</i>																		
STREET ADDRESS <i>515 Cunningham Drive</i>																		
CITY <i>Erie PA</i>			STATE <i>16511</i>	ZIP CODE <i>16511 -</i>														
TYPE OF REPORT (CHECK ONE)  1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION <input checked="" type="checkbox"/> 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE <i>School Director</i>		DISTRICT NO.	PARTY	DATE OF ELECTION													
					MO. DAY YEAR													
					<i>11 07 23</i>													
	DATES OF REPORTING PERIOD				FOR OFFICE USE ONLY													
	<table border="1" style="display: inline-table;"> <tr><td>MO.</td><td>DAY</td><td>YEAR</td></tr> <tr><td><i>10</i></td><td><i>23</i></td><td><i>23</i></td></tr> </table> TO <table border="1" style="display: inline-table;"> <tr><td>MO.</td><td>DAY</td><td>YEAR</td></tr> <tr><td><i>11</i></td><td><i>27</i></td><td><i>23</i></td></tr> </table>		MO.	DAY	YEAR	<i>10</i>	<i>23</i>	<i>23</i>	MO.	DAY	YEAR	<i>11</i>	<i>27</i>	<i>23</i>			2023 NOV 29 PM 3:44 ERIE COUNTY VOTER REGISTRATION	
	MO.	DAY	YEAR															
	<i>10</i>	<i>23</i>	<i>23</i>															
MO.	DAY	YEAR																
<i>11</i>	<i>27</i>	<i>23</i>																
CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>0</i>																		
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0</i>																		
		<table border="1" style="display: inline-table;"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> </tr> </table>		AMENDMENT REPORT?	YES	NO	TERMINATION REPORT?	YES	NO									
AMENDMENT REPORT?	YES	NO																
TERMINATION REPORT?	YES	NO																

**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 <i>29<sup>th</sup></i> DAY OF <i>November</i> <i>Angela L. Watson</i> SIGNATURE MY COMMISSION EXPIRES <i>12/02/2023</i> MO. DAY YR.	SIGNATURE OF PERSON SUBMITTING REPORT <i>Amber M. Miller</i> PRINTED NAME <i>814</i> <i>573-2466</i> AREA CODE 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