

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
Gary Miller for Congress

ADDRESS (number and street) 721 S Brea Canyon Rd Ste 7
 Check if different than previously reported. (ACC) Diamond Bar CA 91789

2. **FEC IDENTIFICATION NUMBER** C C00331496 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) CA 31

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2014 through M M / D D / Y Y Y Y 03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Cathleen Miller

Signature of Treasurer Cathleen Miller *[Electronically Filed]* Date M M / D D / Y Y Y Y 04 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Gary Miller for Congress

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	18500.00	764295.95
(b) Total Contribution Refunds (from Line 20(d))	21000.00	26500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-2500.00	737795.95
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	43642.29	525168.43
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	10556.35
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	43642.29	514612.08
8. Cash on Hand at Close of Reporting Period (from Line 27).....	860307.76	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Gary Miller for Congress

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11000.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	11000.00	310473.71
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	7500.00	453822.24
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	18500.00	764295.95
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	75001.56
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	10556.35
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	891.68	4801.62
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	19391.68	854655.48

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	43642.29	525168.43
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	10500.00	11000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10500.00	15500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	21000.00	26500.00
21. OTHER DISBURSEMENTS	4000.00	25000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	68642.29	576668.43

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	910450.05
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	19391.68
25. SUBTOTAL (add Line 23 and Line 24).....	929841.73
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	68642.29
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	860307.76

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 47
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Gary Miller for Congress

A. Full Name (Last, First, Middle Initial)
Brendan W Brandt

Mailing Address 265 W 21st St

City Upland State CA Zip Code 91784

FEC ID number of contributing federal political committee. **C**

Name of Employer: Varner & Brandt LLP Occupation: Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 0.00

Date of Receipt: 02 / 04 / 2014

Transaction ID : 11AI-7704

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
John P Bunkers,

Mailing Address 1530 Spyglass Dr

City Upland State CA Zip Code 91786

FEC ID number of contributing federal political committee. **C**

Name of Employer: Bunkers Dentistry Occupation: Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 0.00

Date of Receipt: 02 / 04 / 2014

Transaction ID : 11AI-7705

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Kellie L Burum

Mailing Address 5033 Earl Ct

City Alta Loma State CA Zip Code 91701

FEC ID number of contributing federal political committee. **C**

Name of Employer: Classic Escrow Occupation: Escrow Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 02 / 04 / 2014

Transaction ID : 11AI-7703

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 47
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

A. Full Name (Last, First, Middle Initial)
Phillip B Burum

Mailing Address 7251 Turning Leaf Pl

City Rancho Cucamonga State CA Zip Code 91701

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversified Pacific Development Group Occupation Executive Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **0.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 04 / 2014

Transaction ID : 11AI-7692

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Sam Chebeir

Mailing Address 820 S Etiwanda Ave

City Ontario State CA Zip Code 91761

FEC ID number of contributing federal political committee. **C**

Name of Employer Midland Industries Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 04 / 2014

Transaction ID : 11AI-7697

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Rob Clark

Mailing Address 1862 N Euclid Ave

City Upland State CA Zip Code 91784

FEC ID number of contributing federal political committee. **C**

Name of Employer Rob Clark Construction & Design Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **0.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 04 / 2014

Transaction ID : 11AI-7700

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 47
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

A. Full Name (Last, First, Middle Initial)
Richard Clouse

Mailing Address 314 Yorktown Ct

City Upland State CA Zip Code 91784

FEC ID number of contributing federal political committee. **C**

Name of Employer Cihigoyenetché, Grossberg & Clouse Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 04 / 2014

Transaction ID : 11AI-7701

Amount of Each Receipt this Period
 1000.00

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
John Hadley

Mailing Address 11133 Martingale Way

City Rancho Cucamonga State CA Zip Code 91737

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversified Pacific Development Group Occupation Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 04 / 2014

Transaction ID : 11AI-7691

Amount of Each Receipt this Period
 250.00

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Mark N Kinsey

Mailing Address PO Box 1394

City Wrightwood State CA Zip Code 92397

FEC ID number of contributing federal political committee. **C**

Name of Employer Monte Vista Water District Occupation General Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 04 / 2014

Transaction ID : 11AI-7696

Amount of Each Receipt this Period
 250.00

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 47
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

A. Full Name (Last, First, Middle Initial)
Lorraine J LeClear

Mailing Address 1363 Seth Loop N

City Upland State CA Zip Code 91784

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversified Pacific Development Group Occupation Chief of Staff

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **0.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 04 / 2014

Transaction ID : 11AI-7693

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Christopher M Leggio

Mailing Address 2131 Convention Center Way

City Ontario State CA Zip Code 91764

FEC ID number of contributing federal political committee. **C**

Name of Employer Mark Christopher Auto Center Occupation Dealer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 21 / 2014

Transaction ID : 11AI-7711

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Perry Lucero, DDS

Mailing Address 210 Third St

City La Verne State CA Zip Code 91750

FEC ID number of contributing federal political committee. **C**

Name of Employer Lucero Dentistry & Orthodontics Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **0.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 04 / 2014

Transaction ID : 11AI-7699

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 47
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

A. Full Name (Last, First, Middle Initial)
Robert Madok

Mailing Address 958 Hartzell St

City Pacific Palisades State CA Zip Code 90272

FEC ID number of contributing federal political committee. **C**

Name of Employer Kennerly, Lamishaw & Rossi LLP Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **0.00**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 21 / 2014

Transaction ID : 11AI-7710

Amount of Each Receipt this Period
450.00

B. Full Name (Last, First, Middle Initial)
Angela Magness

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 18 / 2014

Transaction ID : 11AI-7709

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
James Mog

Mailing Address 7650 Calle Casino

City Rancho Cucamonga State CA Zip Code 91730

FEC ID number of contributing federal political committee. **C**

Name of Employer Sierra Aviation Group Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **0.00**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 04 / 2014

Transaction ID : 11AI-7689

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2950.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 47
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

A. Full Name (Last, First, Middle Initial)
Peter J Pitassi

Mailing Address 8439 White Oak Ste 105

City Rancho Cucamonga State CA Zip Code 91730

FEC ID number of contributing federal political committee. **C**

Name of Employer Pitassi Architects, Inc Occupation Architect

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **0.00**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 04 / 2014

Transaction ID : 11AI-7690

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Robin D Quincey

Mailing Address 2117 N Euclid Ave

City Upland State CA Zip Code 91784

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **0.00**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 04 / 2014

Transaction ID : 11AI-7694

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Daniel W Richards

Mailing Address 2509 Spring Ter

City Upland State CA Zip Code 91784

FEC ID number of contributing federal political committee. **C**

Name of Employer Kendrew Development Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **0.00**

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 04 / 2014

Transaction ID : 11AI-7702

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 47
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

A. Full Name (Last, First, Middle Initial)
Andrew B Wright

Mailing Address 807 N College Ave

City Claremont State CA Zip Code 91711

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversified Pacific Occupation Home Builder

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2014

Transaction ID : 11AI-7695

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

11000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 47
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

A. Full Name (Last, First, Middle Initial)
AFPAC (Arent Fox LLP PAC)

Mailing Address 1717 K St NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00241380**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 04 / 2014

Transaction ID : 11C-7698

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
American Dental Political Action Committee

Mailing Address 1111 - 14th St NW Ste 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00000729**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : 11C-7762

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Enterprise Holdings, Inc.

Mailing Address 600 Corporate Park Dr

City St. Louis State MO Zip Code 63105

FEC ID number of contributing federal political committee. **C C00219642**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
0.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : 11C-7763

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 47
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

A. Full Name (Last, First, Middle Initial)
Enterprise Holdings, Inc.

Mailing Address 600 Corporate Park Dr

City St. Louis State MO Zip Code 63105

FEC ID number of contributing federal political committee. **C** C00219642

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 12 / 2014

Transaction ID : 11C-7826

Amount of Each Receipt this Period
 -1000.00

Returned Item - Payment Stopped

B. Full Name (Last, First, Middle Initial)
HALPAC - Help America's Leaders Political Action Committee

Mailing Address 701 8th St NW Ste 500

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00376038

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 17 / 2014

Transaction ID : 11C-7687

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Investment Company Institute Pac (ICI PAC)

Mailing Address 1401 H St NW # 1200

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 07 / 2014

Transaction ID : 11C-7761

Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 47
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

A. Full Name (Last, First, Middle Initial)
PriceWaterhouseCoopers PAC

Mailing Address 1301 K St NW Ste 700 W

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00232173

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2014

Transaction ID : 11C-7764

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

7500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 47
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

A. Full Name (Last, First, Middle Initial)
Capital Source Bank (formerly Fremont)

Mailing Address 975 E. Birch Street

City Brea	State CA	Zip Code 92821
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
3170.61

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 11 / 2014

Transaction ID : 15-7710-D

Amount of Each Receipt this Period
191.44

Interest from Passbook Account

B. Full Name (Last, First, Middle Initial)
Capital Source Bank (formerly Fremont)

Mailing Address 975 E. Birch Street

City Brea	State CA	Zip Code 92821
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
3170.61

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 15-7772-D

Amount of Each Receipt this Period
191.75

Interest from Passbook Account

C. Full Name (Last, First, Middle Initial)
Capital Source Bank (formerly Fremont)

Mailing Address 975 E. Birch Street

City Brea	State CA	Zip Code 92821
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
3170.61

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 18 / 2014

Transaction ID : 15-7737-D

Amount of Each Receipt this Period
173.05

Interest from Passbook Account

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

556.24

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 47
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

A. Commercial Bank

Full Name (Last, First, Middle Initial)
Mailing Address 695 Town Center Dr., Ste 100

City: Costa Mesa State: CA Zip Code: 92626

FEC ID number of contributing federal political committee: **C**

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date: **638.12**

Date of Receipt: **03 / 31 / 2014**

Transaction ID : 15-7773-D

Amount of Each Receipt this Period: **60.98**

Interest from Passbook Account

B. Commercial Bank

Full Name (Last, First, Middle Initial)
Mailing Address 695 Town Center Dr., Ste 100

City: Costa Mesa State: CA Zip Code: 92626

FEC ID number of contributing federal political committee: **C**

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date: **638.12**

Date of Receipt: **03 / 18 / 2014**

Transaction ID : 15-7738-D

Amount of Each Receipt this Period: **55.05**

Interest from Passbook Account

C. Commercial Bank

Full Name (Last, First, Middle Initial)
Mailing Address 695 Town Center Dr., Ste 100

City: Costa Mesa State: CA Zip Code: 92626

FEC ID number of contributing federal political committee: **C**

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date: **638.12**

Date of Receipt: **01 / 31 / 2014**

Transaction ID : 15-7708-D

Amount of Each Receipt this Period: **60.92**

Interest from Passbook Account

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

176.95

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 47
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

A. Full Name (Last, First, Middle Initial)
Pacific Western (formerly First California Bank)

Mailing Address 895 Dove Street, Suite 100

City Newport Beach	State CA	Zip Code 92660
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : 15-7774-D

Amount of Each Receipt this Period

Interest from Passbook Account

B. Full Name (Last, First, Middle Initial)
Pacific Western (formerly First California Bank)

Mailing Address 895 Dove Street, Suite 100

City Newport Beach	State CA	Zip Code 92660
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : 15-7709-D

Amount of Each Receipt this Period

Interest from Passbook Account

C. Full Name (Last, First, Middle Initial)
Pacific Western (formerly First California Bank)

Mailing Address 895 Dove Street, Suite 100

City Newport Beach	State CA	Zip Code 92660
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : 15-7739-D

Amount of Each Receipt this Period

Interest from Passbook Account

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 47			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial) A. American Business Machines, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 325 E. Arrow Hwy, Unit 506		Amount of Each Disbursement this Period 94.50
City San Dimas State CA Zip Code 91773	Purpose of Disbursement Office Supplies	001 Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Transaction ID : 17-6399

Full Name (Last, First, Middle Initial) B. BOGART ASSOCIATES, INC.		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2014
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 3000.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Fundraising Expense	003 Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Transaction ID : 17-6313

Full Name (Last, First, Middle Initial) C. BOGART ASSOCIATES, INC.		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 3000.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Fundraising Expense	003 Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Transaction ID : 17-6351

SUBTOTAL of Disbursements This Page (optional).....	6094.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 47
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial) A. BOGART ASSOCIATES, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 70.63 Transaction ID : 17-6422
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Fundraising Expense	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. BOGART ASSOCIATES, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 75.98 Transaction ID : 17-6423
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Food & Beverage	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. BOGART ASSOCIATES, INC.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 1200 Trinity Drive		Amount of Each Disbursement this Period 3000.00 Transaction ID : 17-6424
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Fundraising	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3146.61
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial) A. COMMSULTANT		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 2202 S. Figueroa St.		Amount of Each Disbursement this Period 270.00
City Los Angeles	State CA	
Purpose of Disbursement Computers	Zip Code 90008	Transaction ID : 17-6419
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2014
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 86.97
City Washington	State DC	
Purpose of Disbursement Food & Beverage	Zip Code 20003	Transaction ID : 17-6350
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 147.97
City Washington	State DC	
Purpose of Disbursement Food & Beverage	Zip Code 20003	Transaction ID : 17-6393
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	504.94
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial)
A. Daily Bulletin

Mailing Address 2041 E 4th St

City Ontario State CA Zip Code 91764

Purpose of Disbursement Subscription

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 26 / 2014

Amount of Each Disbursement this Period: 130.00

Transaction ID : 17-6409

Category/Type: 001

Full Name (Last, First, Middle Initial)
B. Employment Development Department

Mailing Address PO Box 826276

City Sacramento State CA Zip Code 94230-6276

Purpose of Disbursement Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 09 / 2014

Amount of Each Disbursement this Period: 638.00

Transaction ID : 17-6319

Category/Type: 001

Full Name (Last, First, Middle Initial)
c. Employment Development Department

Mailing Address PO Box 826276

City Sacramento State CA Zip Code 94230-6276

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 07 / 2014

Amount of Each Disbursement this Period: 636.00

Transaction ID : 17-6347

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)..... 1404.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

A. Employment Development Department

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 826276

City Sacramento State CA Zip Code 94230-6276

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 07 / 2014

Amount of Each Disbursement this Period: 636.00

Transaction ID : 17-6407

Category/Type: 001

B. Envirokleen USA

Full Name (Last, First, Middle Initial)
Mailing Address 2910 S. Archibald Ave., #A228

City Ontario State CA Zip Code 91761

Purpose of Disbursement Office Cleaning

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 13 / 2014

Amount of Each Disbursement this Period: 124.00

Transaction ID : 17-6312

Category/Type: 001

c. Envirokleen USA

Full Name (Last, First, Middle Initial)
Mailing Address 2910 S. Archibald Ave., #A228

City Ontario State CA Zip Code 91761

Purpose of Disbursement Office Cleaning

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 14 / 2014

Amount of Each Disbursement this Period: 124.00

Transaction ID : 17-6355

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 884.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 47			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial) A. Envirokleen USA		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 2910 S. Archibald Ave., #A228		Amount of Each Disbursement this Period 124.00 Transaction ID : 17-6394
City Ontario State CA Zip Code 91761	Purpose of Disbursement Office Cleaning Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Envirokleen USA		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 2910 S. Archibald Ave., #A228		Amount of Each Disbursement this Period 124.00 Transaction ID : 17-6425
City Ontario State CA Zip Code 91761	Purpose of Disbursement Office Cleaning Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Franchise Tax Board		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address POBox 942857		Amount of Each Disbursement this Period 14.00 Transaction ID : 17-6404
City Sacramento State CA Zip Code 94257-0531	Purpose of Disbursement Tax Estimate Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	262.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial) A. G.Miller Development		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 721 S Brea Canyon Rd Ste 7		Amount of Each Disbursement this Period 1837.00
City Diamond Bar	State CA	
Zip Code 91789	Purpose of Disbursement Payroll Taxes Repay Due to Error EFTPS	Transaction ID : 17-6369
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Internal Revenue Service		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address P.O. Box 149342		Amount of Each Disbursement this Period 1837.00
City Austin	State TX	
Zip Code 78714	Purpose of Disbursement Taxes	Transaction ID : 17-6317
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Internal Revenue Service		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address P.O. Box 149342		Amount of Each Disbursement this Period 1834.00
City Austin	State TX	
Zip Code 78714	Purpose of Disbursement Payroll Taxes	Transaction ID : 17-6408
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5508.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial) A. Internal Revenue Service			Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014		
Mailing Address P.O. Box 149342			Amount of Each Disbursement this Period 470.00		
City Austin	State TX	Zip Code 78714	Transaction ID : 17-6465		
Purpose of Disbursement 2013 Taxes		001 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Maria E Lyndes			Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014		
Mailing Address 4544 Trujillo Dr			Amount of Each Disbursement this Period 60.46		
City Covina	State CA	Zip Code 91722	Transaction ID : 17-6332		
Purpose of Disbursement Misc. Office Expense - Mileage		001 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Maria E Lyndes			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014		
Mailing Address 4544 Trujillo Dr			Amount of Each Disbursement this Period 45.20		
City Covina	State CA	Zip Code 91722	Transaction ID : 17-6344		
Purpose of Disbursement Misc. Office Expense/Mileage		001 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	575.66
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 47			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial) A. MCI		Date of Disbursement MM / DD / YYYY 01 / 24 / 2014
Mailing Address PO Box 371838		Amount of Each Disbursement this Period 144.16
City Pittsburg	State PA	
Zip Code 15250-7838	Purpose of Disbursement Telephone	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) B. MCI		Date of Disbursement MM / DD / YYYY 02 / 26 / 2014
Mailing Address PO Box 371838		Amount of Each Disbursement this Period 80.99
City Pittsburg	State PA	
Zip Code 15250-7838	Purpose of Disbursement Telephone	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) C. MCI		Date of Disbursement MM / DD / YYYY 03 / 25 / 2014
Mailing Address PO Box 371838		Amount of Each Disbursement this Period 87.85
City Pittsburg	State PA	
Zip Code 15250-7838	Purpose of Disbursement Telephone	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	313.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial) A. Cathleen Miller		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 721 S Brea Canyon Rd # 7		Amount of Each Disbursement this Period 2912.50 Transaction ID : 17-6342
City Walnut State CA Zip Code 91789	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Cathleen Miller		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 721 S Brea Canyon Rd # 7		Amount of Each Disbursement this Period 2912.50 Transaction ID : 17-6372
City Walnut State CA Zip Code 91789	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Cathleen Miller		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 721 S Brea Canyon Rd # 7		Amount of Each Disbursement this Period 2912.50 Transaction ID : 17-6456
City Walnut State CA Zip Code 91789	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	8737.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 47			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial) A. Shea Properties			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 26840 Aliso Viejo Parkway			Amount of Each Disbursement this Period 1493.66 Transaction ID : 17-6310
City Aliso Viejo	State CA	Zip Code 92656-2624	
Purpose of Disbursement Rent	Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Shea Properties			Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 26840 Aliso Viejo Parkway			Amount of Each Disbursement this Period 1493.66 Transaction ID : 17-6345
City Aliso Viejo	State CA	Zip Code 92656-2624	
Purpose of Disbursement Rent	Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. Shea Properties			Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 26840 Aliso Viejo Parkway			Amount of Each Disbursement this Period 1493.66 Transaction ID : 17-6370
City Aliso Viejo	State CA	Zip Code 92656-2624	
Purpose of Disbursement Rent	Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	4480.98
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial) A. Statecraft, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 8618 Nottingham Place		Amount of Each Disbursement this Period 2850.00 Transaction ID : 17-6371
City La Jolla	State CA	
Zip Code 92037-2126	Purpose of Disbursement Software Renewal	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. U.S. Postmaster		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 1317 S. Diamond Bar Blvd.		Amount of Each Disbursement this Period 993.52 Transaction ID : 17-6406
City Diamond Bar	State CA	
Zip Code 91765	Purpose of Disbursement Postage	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. US BANK		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 1175 S Grand Ave		Amount of Each Disbursement this Period 36.45 Transaction ID : 17-6349
City Diamond Bar	State CA	
Zip Code 91765	Purpose of Disbursement CC Fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3879.97
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial) A. US BANK			Date of Disbursement MM / DD / YYYY 02 / 28 / 2014	
Mailing Address 1175 S Grand Ave			Amount of Each Disbursement this Period 36.45	
City Diamond Bar	State CA	Zip Code 91765	Transaction ID : 17-6395	
Purpose of Disbursement CC Fees		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. US BANK			Date of Disbursement MM / DD / YYYY 02 / 28 / 2014	
Mailing Address 1175 S Grand Ave			Amount of Each Disbursement this Period 22.50	
City Diamond Bar	State CA	Zip Code 91765	Transaction ID : 17-6396	
Purpose of Disbursement CC Fees (Rally)		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. US BANK			Date of Disbursement MM / DD / YYYY 02 / 28 / 2014	
Mailing Address 1175 S Grand Ave			Amount of Each Disbursement this Period 44.51	
City Diamond Bar	State CA	Zip Code 91765	Transaction ID : 17-6397	
Purpose of Disbursement Delux Bus Sys (Checks Ordered)		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	103.46
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 47			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial) A. US BANK		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 1175 S Grand Ave		Amount of Each Disbursement this Period 36.45 Transaction ID : 17-6463
City Diamond Bar State CA Zip Code 91765	Purpose of Disbursement CC Fees Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Verizon California formerly 'GTE California'		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address Payment Processing Center		Amount of Each Disbursement this Period 201.63 Transaction ID : 17-6323
City Inglewood State CA Zip Code 90313-0001	Purpose of Disbursement Telephone Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Verizon California formerly 'GTE California'		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address Payment Processing Center		Amount of Each Disbursement this Period 334.93 Transaction ID : 17-6354
City Inglewood State CA Zip Code 90313-0001	Purpose of Disbursement Telephone Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	573.01
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial) A. Verizon California formerly 'GTE California'		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address Payment Processing Center		Amount of Each Disbursement this Period 4.56
City Inglewood State CA Zip Code 90313-0001	Purpose of Disbursement Telephone 001	
Candidate Name		Transaction ID : 17-6398
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address PO BOX 5321		Amount of Each Disbursement this Period 357.99
City Inglewood State CA Zip Code 90313-5321	Purpose of Disbursement Telephone 003	
Candidate Name		Transaction ID : 17-6311
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2014
Mailing Address PO BOX 5321		Amount of Each Disbursement this Period 239.91
City Inglewood State CA Zip Code 90313-5321	Purpose of Disbursement Telephone 003	
Candidate Name		Transaction ID : 17-6346
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	602.46
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address PO BOX 5321		Amount of Each Disbursement this Period 284.16 Transaction ID : 17-6391
City Inglewood	State CA	
Zip Code 90313-5321	Purpose of Disbursement Telephone	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Yule Park		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 268 W Duarte Rd		Amount of Each Disbursement this Period 575.97 Transaction ID : 17-6322
City Arcadia	State CA	
Zip Code 91007	Purpose of Disbursement Computer Shop	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Yule Park		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 268 W Duarte Rd		Amount of Each Disbursement this Period 1952.28 Transaction ID : 17-6368
City Arcadia	State CA	
Zip Code 91007	Purpose of Disbursement Computers	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2812.41
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial) A. Yule Park		Date of Disbursement MM / DD / YYYY 02 / 14 / 2014
Mailing Address 268 W Duarte Rd		Amount of Each Disbursement this Period 120.00 Transaction ID : 17-6356
City Arcadia	State CA	
Zip Code 91007	Purpose of Disbursement Computer Shop	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Yule Park		Date of Disbursement MM / DD / YYYY 03 / 31 / 2014
Mailing Address 268 W Duarte Rd		Amount of Each Disbursement this Period 863.75 Transaction ID : 17-6426
City Arcadia	State CA	
Zip Code 91007	Purpose of Disbursement Computers	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. eMotiv Marketing and Consulting		Date of Disbursement MM / DD / YYYY 01 / 20 / 2014
Mailing Address 160 W. Foothill Pkwy #105-28		Amount of Each Disbursement this Period 250.00 Transaction ID : 17-6324
City Corona	State CA	
Zip Code 92882	Purpose of Disbursement Web Site	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1233.75
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 47			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial) A. eMotiv Marketing and Consulting		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2014
Mailing Address 160 W. Foothill Pkwy #105-28		Amount of Each Disbursement this Period 50.00
City Corona	State CA	
Zip Code 92882	Purpose of Disbursement Website Hosting	Transaction ID : 17-6336
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. eMotiv Marketing and Consulting		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 160 W. Foothill Pkwy #105-28		Amount of Each Disbursement this Period 250.00
City Corona	State CA	
Zip Code 92882	Purpose of Disbursement Website Hosting	Transaction ID : 17-6343
Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. eMotiv Marketing and Consulting		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 160 W. Foothill Pkwy #105-28		Amount of Each Disbursement this Period 50.00
City Corona	State CA	
Zip Code 92882	Purpose of Disbursement Web Hosting	Transaction ID : 17-6420
Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial) A. Amazon.com		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2014
Mailing Address 440 Terry Avenue North		Amount of Each Disbursement this Period 280.81
City Seattle State WA Zip Code 98109	Purpose of Disbursement Computer Category/Type 001	
Candidate Name		Transaction ID : 17-6362-P [MEMO ITEM] credit card payee
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Chase Card Services (Amazon)		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 366.11
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Credit Card Payment Category/Type	
Candidate Name		Transaction ID : 17-5011-W Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Chase Card Services (Amazon)		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 191.16
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Credit Card Payment Category/Type	
Candidate Name		Transaction ID : 17-5062-W Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	557.27
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 47	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial) A. Chase Card Services (CM)		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 152.56
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Credit Card Payment	
Candidate Name		Transaction ID : 17-5009-W
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.	

Full Name (Last, First, Middle Initial) B. Chase Card Services (CM)		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 182.00
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Credit Card Payment	
Candidate Name		Transaction ID : 17-5060-W
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.	

Full Name (Last, First, Middle Initial) c. Chase Card Services (GM)		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 500.15
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Credit Card Payment	
Candidate Name		Transaction ID : 17-5010-W
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.	

SUBTOTAL of Disbursements This Page (optional).....	834.71
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 47			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial) A. Chase Card Services (GM)		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO Box 94014		Amount of Each Disbursement this Period 682.06
City Palatine State IL Zip Code 60094-4014	Purpose of Disbursement Credit Card Payment	
Candidate Name	Category/Type	Transaction ID : 17-5061-W
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Expenditure purpose details appear in Credit Card Payees reaching disclosure threshold.

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	682.06
TOTAL This Period (last page this line number only).....	43540.29

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 47			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial) A. Brendan W Brandt		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 265 W 21st St		Amount of Each Disbursement this Period 250.00 Transaction ID : 20A-6392
City Upland State CA Zip Code 91784	Purpose of Disbursement Return of 02/04/2014 Contribution 010 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. John P Bunkers,		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 1530 Spyglass Dr		Amount of Each Disbursement this Period 500.00 Transaction ID : 20A-6390
City Upland State CA Zip Code 91786	Purpose of Disbursement Return of 02/04/2014 Contribution 010 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Kellie L Burum		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 5033 Earl Ct		Amount of Each Disbursement this Period 500.00 Transaction ID : 20A-6389
City Alta Loma State CA Zip Code 91701	Purpose of Disbursement Return of 02/04/2014 Contribution 010 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 47	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial) A. Phillip B Burum		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 7251 Turning Leaf Pl		Amount of Each Disbursement this Period 250.00 Transaction ID : 20A-6378
City Rancho Cucamonga State CA Zip Code 91701	Purpose of Disbursement Return of 02/04/2014 Contribution Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Sam Chebeir		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 820 S Etiwanda Ave		Amount of Each Disbursement this Period 500.00 Transaction ID : 20A-6383
City Ontario State CA Zip Code 91761	Purpose of Disbursement Return of 02/04/2014 Contribution Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Rob Clark		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 1862 N Euclid Ave		Amount of Each Disbursement this Period 250.00 Transaction ID : 20A-6386
City Upland State CA Zip Code 91784	Purpose of Disbursement Return of 02/04/2014 Contribution Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 47	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial) A. Richard Clouse			Date of Disbursement MM / DD / YYYY 03 / 06 / 2014	
Mailing Address 314 Yorktown Ct			Amount of Each Disbursement this Period 1000.00	
City Upland	State CA	Zip Code 91784	Transaction ID : 20A-6387	
Purpose of Disbursement Return of 02/04/2014 Contribution		Category/ Type 010		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. John Hadley			Date of Disbursement MM / DD / YYYY 03 / 06 / 2014	
Mailing Address 11133 Martingale Way			Amount of Each Disbursement this Period 250.00	
City Rancho Cucamonga	State CA	Zip Code 91737	Transaction ID : 20A-6377	
Purpose of Disbursement Return of 02/04/2014 Contribution		Category/ Type 010		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Mark N Kinsey			Date of Disbursement MM / DD / YYYY 03 / 06 / 2014	
Mailing Address PO Box 1394			Amount of Each Disbursement this Period 250.00	
City Wrightwood	State CA	Zip Code 92397	Transaction ID : 20A-6382	
Purpose of Disbursement Return of 02/04/2014 Contribution		Category/ Type 010		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 47			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial) A. Lorraine J LeClear		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 1363 Seth Loop N		Amount of Each Disbursement this Period 250.00 Transaction ID : 20A-6379
City Upland State CA Zip Code 91784	Purpose of Disbursement Return of 02/04/2014 Contribution Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Christopher M Leggio		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 2131 Convention Center Way		Amount of Each Disbursement this Period 300.00 Transaction ID : 20A-6374
City Ontario State CA Zip Code 91764	Purpose of Disbursement Return of 02/21/2014 Contribution Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Perry Lucero, DDS		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 210 Third St		Amount of Each Disbursement this Period 250.00 Transaction ID : 20A-6385
City La Verne State CA Zip Code 91750	Purpose of Disbursement Return of 02/04/2014 Contribution Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 47
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial) A. Robert Madok		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 958 Hartzell St		Amount of Each Disbursement this Period 450.00 Transaction ID : 20A-6373
City Pacific Palisades	State CA Zip Code 90272	
Purpose of Disbursement Return of 02/21/2014 Contribution	Category/Type 010	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. James Mog		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 7650 Calle Casino		Amount of Each Disbursement this Period 2000.00 Transaction ID : 20A-6375
City Rancho Cucamonga	State CA Zip Code 91730	
Purpose of Disbursement Return of 02/04/2014 Contribution	Category/Type 010	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Peter J Pitassi		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 8439 White Oak Ste 105		Amount of Each Disbursement this Period 250.00 Transaction ID : 20A-6376
City Rancho Cucamonga	State CA Zip Code 91730	
Purpose of Disbursement Return of 02/04/2014 Contribution	Category/Type 010	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2700.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 47			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial) A. Robin D Quincey			Date of Disbursement MM / DD / YYYY 03 / 06 / 2014
Mailing Address 2117 N Euclid Ave			Amount of Each Disbursement this Period 250.00 Transaction ID : 20A-6380
City Upland	State CA	Zip Code 91784	
Purpose of Disbursement Return of 02/04/2014 Contribution		Category/ Type 010	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Daniel W Richards			Date of Disbursement MM / DD / YYYY 03 / 06 / 2014
Mailing Address 2509 Spring Ter			Amount of Each Disbursement this Period 1000.00 Transaction ID : 20A-6388
City Upland	State CA	Zip Code 91784	
Purpose of Disbursement Return of 02/04/2014 Contribution		Category/ Type 010	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) c. Andrew B Wright			Date of Disbursement MM / DD / YYYY 03 / 06 / 2014
Mailing Address 807 N College Ave			Amount of Each Disbursement this Period 2000.00 Transaction ID : 20A-6381
City Claremont	State CA	Zip Code 91711	
Purpose of Disbursement Return of 02/04/2014 Contribution		Category/ Type 010	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional)	3250.00
TOTAL This Period (last page this line number only)	10500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 47	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial) A. AFPAC (Arent Fox LLP PAC)		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 1717 K St NW		Amount of Each Disbursement this Period 1000.00 Transaction ID : 20C-6384
City Washington State DC Zip Code 20036	Purpose of Disbursement Return of 02/04/2014 Contribution 010 Category/Type	
Candidate Name AFPAC (Arent Fox LLP PAC)	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Electrical Construction PAC		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 3 Bethesda Metro Center Ste 1100		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20C-6403
City Bethesda State MD Zip Code 20814	Purpose of Disbursement Return of 05/06/2013 Contribution 010 Category/Type	
Candidate Name Electrical Construction PAC	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Eureka PAC		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2014
Mailing Address 7315 Wisconsin Ave		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20C-6400
City Bethesda State MD Zip Code 20814	Purpose of Disbursement Return of 06/30/2013 Contribution 010 Category/Type	
Candidate Name Eureka PAC	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 47	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial) A. Eureka PAC		Date of Disbursement MM / DD / YYYY 03 / 11 / 2014
Mailing Address 7315 Wisconsin Ave		Amount of Each Disbursement this Period 2500.00 Transaction ID : 20C-6401
City Bethesda	State MD	
Zip Code 20814	Purpose of Disbursement Return of 12/30/2013 Contribution	Category/ Type 010
Candidate Name Eureka PAC	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Ken Calvert for Congress		Date of Disbursement MM / DD / YYYY 03 / 11 / 2014
Mailing Address PO Box 20123		Amount of Each Disbursement this Period 2000.00 Transaction ID : 20C-6402
City Riverside	State CA	
Zip Code 92516	Purpose of Disbursement Return of 06/10/2013 Contribution	Category/ Type 010
Candidate Name Hon. Ken Calvert	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 42	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	10500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 47	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Gary Miller for Congress

Full Name (Last, First, Middle Initial) A. LESLI GOOCH FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 8816 Foothill Blvd, Suite 103-240		Amount of Each Disbursement this Period 2000.00 Transaction ID : 21-6457
City Rancho Cucamonga State CA Zip Code 91730	Purpose of Disbursement Political Contribution 011 Category/Type	
Candidate Name Mrs. Lesli E Gooch	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. LESLI GOOCH FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 8816 Foothill Blvd, Suite 103-240		Amount of Each Disbursement this Period 2000.00 Transaction ID : 21-6458
City Rancho Cucamonga State CA Zip Code 91730	Purpose of Disbursement Political Contribution 011 Category/Type	
Candidate Name Mrs. Lesli E Gooch	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	4000.00