REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full): Miles Inc. Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported: Mobay Rd

CITY, STATE and ZIP CODE: Pittsburgh, PA 15205

DEC 8 12 35 PM '94

2. FEC IDENTIFICATION NUMBER: C00281162

3. ☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☒ Thirtieth day report following the General Election on 11/8/94 in the State of PA

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY

5. Covering Period 10/20/94 through 11/22/94

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 19 94		$ 250.00
	(b) Cash on Hand at Beginning of Reporting Period	$ 14589.33	
	(c) Total Receipts (from Line 19)	$ 2727.53	$ 43164.72
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 17316.86	$ 43414.72
7.	Total Disbursements (from Line 30)	$ 4000.00	$ 30097.86
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 13316.86	$ 13,316.86
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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: W. Michael Weber

Signature of Treasurer: W. Michael Weber

Date:

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

FEC FORM 3X
(revised 9/93)

4-00-73

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