Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification 2006131 Number: Name of Filing Committee, Candidate or Lobbyist:						Rep File			CANDI	DATE		СОМ	ITTEE	✓	LOBE	SYIST		
Name of Filing C	Committee	, Candida	ate or Lo	obbyist:		FRIE	ND:	S OF	DUANE N	1ILNE				_				
Street Address:	C/O V	VILLIAM	H. TICK	(NER, TREA	SURE	R,16	5 FA	IRVIE	W ROAD)								
City:	PAOLI	Į.							State:	PA			Zip Cod	de: 19	9301			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		POST-	3.		AMENDMENT REPORT?		Yes	No	\	
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	y pre	Ē- 5	5.	30 DA		POST-	6. X		TERMINA REPORT		Yes	No	1	
report type)	ANNUAL	REPORT	7.	Year 2012					IG METHO				PAPER		\checkmark	DISKE	TTE	
Name of Office S	Sought by	Candidat	te:						DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count	/
									МО	DAY	YE	AR	167	STH	REP		15	
REPRESENTATI	IVE IN THI	E GENER	AL ASS	EMBLY					11		6	2012		(SEE IN	STRUCTIO	ONS FOR (CODES)	
Summary of		and	МО	DAY	YEAR	ł			МО	DAY	ΥI	AR	FC	R OFFI	CE USE	ONLY		
Expenditures	s trom:		1	10 23	2	012	T	0	11		26	2012						
A. Amount Bro	ught Forw	ard Fron	n Last R	eport				\$			37,6	72.45						
B. Total Monet	ary Contri	butions A	And Rec	eipts (From	Sche	dule	I)	\$			4	190.00						
C. Total Funds Available (Sum Of Lines A and B)								\$			38,1	162.45						
D. Total Expenditures (From Schedule III)							\$			13,9	27.98							
E. Ending Cash Balance (Subtract Line D From Line C)					C)			\$			24,2	34.47						
F. Value Of In-	Kind Cont	ributions	Receive	ed (From S	chedu	le II)	\$				0.00						
G. Unpaid Debt	ts And Obl	igations	(From S	Schedule IV)			\$				0.00			1			
					AFF	IDA	VI	ΓSE	CTION									
PART I - If this is	s a Commi	ttee repo	ort, trea	surer sign	here. :	If thi	is is	a Can	ididate re	eport, o	candi	date sig	jn here.					
I swear (or affirm) correct and comple		eport, incl	uding the	attached scl	hedule	s filed	l on	paper (or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	ef , true	e ,
Sworn to and subs	cribed befo day of	re me this	:	20							S	ignature	of Perso	n Submit	ting Rep	ort		•
		<u> </u>		-				- -					Prin	ted Nam	e			-
My Commission Ex	xpires	Signatui	re										Ema	il				.
	-	мо	DA	λΥ	YR			-		Are	ea Cod	le	Daytim	ie Telepl	none Nui	mber		•
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	e, Ca	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	ny knowle	edge and beli	ef this	polit	ical	commi	ittee has n	ot viola	ted an	y provisi	ions of th	e act of J	une 3,19	937 (P.L	. 1333,	
Sworn to and subsc	ribed before	e me this										Si	ignature (of Candid	ate			۱.
	day of							-					Drints	d Name				.
	•	ignature						-					Printe	ed Name				
My Commission Exp		.y.iacui e											Ema	il				
	_	МО	D/	ΑΥ	YR	1		•		Area	Code		D	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF DUANE MILNE	From:	10/23/201	<u>2</u> To:	11/26/2012
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	390.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)	\$	100.00		
TOTAL for the Reporting	(2)	\$	100.00	
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	490.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
		From:			То	:		
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candidate

Reporting Period

DATE

FRIENDS OF DUANE MILNE

From:

<u>10/23/2012</u> **To:**

11/26/2012

AMOUNT

Full Name of Contributor JOHN ODELL	JOHN ODELL				YEAR	
Mailing Address 5 MARLIN DRIVE						\$ 100.00
City MALVERN	State PA	Zip Code (Plus 4) 19355	11	7	2012	

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$ 100.00

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
			Fron	n:		То:		
				D	ATE		АМС	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			PA(GE TOTAL 0.00

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or	Candidate		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Peri	od							
FRIENDS OF DUANE MILNE	From:	<u>10/23/2012</u> To:	11/26/2012						
L. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)									
TOTAL for the Reporting Pe	eriod (2)	\$	0.00						
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)									
TOTAL for the Reporting Pe	eriod (3)	\$	0.00						
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00						

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL
						\$	0.00

PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting F	Period			
					Fro	om:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Cano	lidate		Reporti	ng Period			
FRIENDS OF DUANE MILNE			From	10/2	3/2012	То:	11/26/2012
				DATE			AMOUNT
To Whom Paid HALLOWELL AND BRANSTETTER			МО	DAY	YEAR		
Mailing Address 88 PLYMOUTH	CIRCLE		10	31	2012	\$	10,837.02
City HERSHEY	State PA	Zip Code (Plus 4) 17033	Descrip MAILIN	otion of Exp	l penditure		
To Whom Paid THE DESMOND HOTEL			МО	DAY	YEAR		
Mailing Address ONE LIBERTY	BLVD		11	6	2012	\$	1,512.00
City MALVERN	State PA	Zip Code (Plus 4) 19355		otion of Exp			
To Whom Paid MARKET STREET PRINT AND COP	Y		мо	DAY	YEAR		
Mailing Address 204 WEST MA	RKET STREET		11	8	2012	\$ \$	449.41
City WEST CHESTER	State PA	Zip Code (Plus 4) 19382		Description of Expenditure PALM CARDS			
To Whom Paid VERIZON		•	мо	DAY	YEAR		
Mailing Address PO BOX 28000)		11	15	2012	\$	31.45
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 18002		otion of Exp IGN PHON			
To Whom Paid LORI LOSCH			МО	DAY	YEAR		
Mailing Address 150-A EAST W	Mailing Address 150-A EAST WING PO BOX 202167			15	2012	\$	160.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17120	Description of Expenditure STAFF HOLIDAY GIFTS				

							PAGE 12
hom Paid TOL PROMOTIONS, INC ng Address PO BOX 231				DAY	YEAR		
PO BOX 231			11	23	2012	\$	938.10
	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
PA 19038 SIGNS							
		l	·				PAGE TOTAL
al of Expenditu	res on Page 1, Re	port Cover Page, Item D.	•			\$	13,927.98
	PO BOX 231	PO BOX 231 State PA	PO BOX 231 State Zip Code (Plus 4) 19038	PO BOX 231 11 State Zip Code (Plus 4) Descrip	FIONS, INC PO BOX 231 11 23 State PA 2ip Code (Plus 4) 19038 SIGNS	PO BOX 231 11 23 2012	PO BOX 231 State PA PA PA PA PA PA PA PA PA PA