Campaign Finance Report

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

Filer Identificati Number :	on	20061	131			Report Filed B		CANDI	DATE		COM	AITTEE	✓	LOBE	BYIST	
Name of Filing C	ommittee	, Candida	ate or Lo	obbyist:			-	DUANE M	1ILNE							
Street Address:	С/О Т	REASUR	ER WIL	LIAM H. TI	CKNEF	R,16 FAI	RVIE	W ROAD								
City:	PAOLI	[State:	PA			Zip Co	de: 19	301		
TYPE OF REPORT	6TH TUESI PRE-PRIMA		1.	2ND FRIDA PRIMARY	ND FRIDAY PRE- 2. 30 RIMARY PRI			ARY F	POST- 3.		AMENDMENT REPORT?		Yes	No	\checkmark	
(place X to the right of	6TH TUESI PRE-ELECT		4.	2ND FRIDA ELECTION					POST- 6.			TERMIN/ REPORT		Yes	No	\checkmark
report type)	ANNUAL	REPORT	7. X	Year 2012			FILING METHOD () CHECK ONE					PAPER		\checkmark	DISKE	TTE
Name of Office S	ought by	Candidat	e:					DATE O	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code
DEDDECENTAT								мо	DAY	YE	AR	167	STH	REP		15
REPRESENTATI		E GENER	AL ASS	EMDLI				11		6	2012		(SEE INS	TRUCTIO	ONS FOR	CODES)
Summary of		and	мо	DAY	YEAR			мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY	
Expenditures	from:		1	L1 27	20	012 T	0	12	3	31	2012					
A. Amount Bro	ught Forw	ard From	n Last R	eport			\$			24,2	34.47					
B. Total Moneta	ary Contril	butions A	And Rec	eipts (Fron	n Schee	dule I)	\$				0.00					
C. Total Funds	Available	(Sum Of	Lines A	and B)			\$			24,2	34.47					
D. Total Expend	ditures (Fi	rom Sche	dule II	[)			\$			5,0	30.13					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$			19,2	04.34	-				
F. Value Of In-	Kind Conti	ributions	Receive	ed (From S	chedul	e II)	\$				0.00	-				
G. Unpaid Debt	s And Obl	igations	(From S	chedule IV	')		\$				0.00					
					AFF	IDAVI	T SE	CTION								
PART I - If this is	a Commi	ttee repo	ort, trea	surer sign	here. I	f this is	a Car	ndidate re	eport, c	andio	late sig	yn here.				
I swear (or affirm) correct and comple		eport, inclu	uding the	attached sc	hedules	filed on	paper	or by elect	ronic me	edium	, are to t	the best o	f my knov	/ledge a	and beli	ef , true
Sworn to and subs	cribed befo day of	re me this		20						s	ignature	e of Perso	n Submitt	ing Rep	ort	
		Signatur	·e				-					Prin	ted Name			
My Commission Ex	pires		-									Ema	il			
	Ν	10	D/	AY	YR		-		Are	ea Cod	e	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report o	of a cand	idate's	authorized	Comm	ittee, Ca	andid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	political	comm	ittee has n	ot violat	ed an	y provis	ions of th	e act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subsc	ribed before day of	e me this		20							S	ignature	of Candida	te		
							-					Printe	ed Name			
My Commission Exp		ignature					-					Ema	il			
		мо	D	AY	YR				Area	Code		D	aytime Te	lephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS OF DUANE MILNE From: <u>11/27/2012</u> **To:** 12/31/2012 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 0.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PART A CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate				Reporting Period					
	From:								
		· · · ·		DATE			AMOUNT		
Full Name of Contributing Cor	nmittee		мо	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							
						Г	PAGE TOTAL		

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

\$

0.00

PART B 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 Candidat	e			orting P	eriod	_		
From: To:):	
					DATE			AMOUNT
Full Name of Contributor				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								

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 Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	0.00

PART D 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	Reporting Period	
	From:	То:

				D	ATE		АМС	DUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address						\$	0.00	
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion	-		
Employer Mailing Address/Principal Place of City Business				State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sch	edule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL
	-						\$	0.00

I

PART E **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	ing Perio	od				
From			From:	From: To:					
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$		0.00
City	State	Zip Code (Plus 4)						
Receipt Description	•								
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	ſAL
		iiai y i uge,	Section				\$		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 Perio	od	
FRIENDS OF DUANE MILNE	From:	<u>11/27/2012</u> то:	<u>12/31/2012</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting Period					
F						То:		
				DATE		АМС	DUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address	Mailing Address					\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detai Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	5	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	Reporting Period					
					Fro	rom: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor					Occupat	tion		•		
Employer Mailing Address/Principal Place of Business City				State		Zip 4)	Code(Plus	Descri	ption of	f Contribution

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candid	ate		Reporti	ng Period			
FRIENDS OF DUANE MILNE			From	<u>11/2</u>	7/2012	То:	<u>12/31/2012</u>
				DATE		AMOUNT	
To Whom Paid HALLOWELL AND BRANSTETTER			мо	DAY	YEAR		
Mailing Address 88 PLYMOUTH C	IRCLE		11	28	2012	\$	750.00
CityHERSHEYStateZip Code (Plus 4)PA17033				otion of Exp N AND DAT			
To Whom Paid JOHN LAWRENCE				DAY	YEAR		
Mailing Address 1 COMMERCE BLVD SUITE 200				19	2012	\$	70.00
City WEST GROVE State Zip Code (Plus 4) PA 19390			-	tion of Exp		1 2	
To Whom Paid VERIZON			мо	DAY	YEAR		
Mailing Address P.O. BOX 28000			12	21	2012	\$	31.73
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 18002		otion of Exp IGN PHON		2	
To Whom Paid RADNOR HUNT			мо	DAY	YEAR		
Mailing Address 826 PROVIDENC	E ROAD		12	22	2012	\$	4,178.40
CityMALVERNStateZip Code (Plus 4)PA19355			Descrip FUNDR	ition of Ex AISER	penditure	2	
Enter Grand Total of Expenditure	s on Page 1 Pe	nort Cover Page Item I	 >				PAGE TOTAL
	cs on raye 1, Re	port cover raye, item i	-			\$	5,030.13

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