### **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				Repo Filed			CA	NDII	DATE		СОМИ	4ITTEE	<b>✓</b>	LOB	BYIST		
Name of Filing C	ommittee,	Candida	te or Lo	obbyis	st:		FRIEN	NDS	S OF	DUAN	IE M	ILNE								
Street Address:	43 ST	ONEHEN	GE LAN	IE																
City:	MALVE	RN								State	e:	PA			Zip Cod	<b>le:</b> 19	355			
TYPE OF REPORT	6TH TUESE PRE-PRIMA		1.	2ND I PRIM	FRIDAY ARY	PRE-	2.		30 DA PRIMA		Р	OST-			AMENDMENT REPORT?		Yes	N	0	<b>√</b>
(place X to the right of	6TH TUESD PRE-ELECT		4.	2ND I	FRIDAY TION	/ PRE-	- 5.		30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	N	0	<b>√</b>
report type)	ANNUAL F	REPORT	7. <b>X</b>	Year	2014					NG ME		_			PAPER		<b>√</b>	DISK	ETTE	
Name of Office S	ought by (	Candidat	e:				•	-		DAT	E O	F ELE	CTI	ON	District Number	Office Code	Pai	ty Cod	Code	
REPRESENTATI	VE IN THE	: GENER	AL ASS	EMBL'	Y					МО		DAY	Y	'EAR	167	STH	REF	•	15	
											11		4	2014		(SEE INS	TRUCTI	ONS FOR	CODES	)
Summary of Expenditures		and	МО	DA		YEAR		T	^	МО		DAY		'EAR	FO	R OFFIC	E USE	ONLY	•	
-				11	25	20	)14		1		12		31	2014						
A. Amount Bro				-		Scher	dule T		\$					,820.35 750.00						
C. Total Funds									\$											
D. Total Expend					-,				\$					,570.35 .708.82						
E. Ending Cash	•				Line C	<u> </u>			\$ \$					861.53						
F. Value Of In-							e II)		\$				17,	8.50						
G. Unpaid Debt	s And Obli	gations (	(From S	ched	ule IV)	)			\$					0.00		,				
						AFF	IDA\	VI٦	ΓSE	CTIO	ON									
PART I - If this is	a Commit	tee repo	rt, trea	surer	sign h	ere. I	f this	is	a Car	ndidat	e re	port, c	and	idate sig	ın here.					
I swear (or affirm) correct and comple		port, inclu	iding the	attacl	hed sch	edules	filed	on p	paper	or by e	electr	onic m	ediur	n, are to t	he best o	f my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed befor day of	e me this		20										Signature	of Perso	n Submitt	ing Re <sub>l</sub>	oort		_
		Signatur	e	_					-						Prin	ted Name				
My Commission Ex	opires								_		•				Emai	il				
	м	10	D#	ΑY		YR						Arc	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report o	f a cand	idate's	autho	rized (	Comm	ittee,	, Ca	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge ar	nd belie	ef this	politic	cal (	comm	ittee h	as no	ot viola	ted a	ny provis	ions of the	e act of Ju	ine 3,1	937 (P	L. 133	з,
Sworn to and subsc	ribed before day of	me this		20										s	ignature o	of Candida	ite			- $ $
				20 -											Printe	d Name				-
My Commission Exp		gnature							-		-				Ema	il				-
, commodium Exp																				_
		МО	DA	AY		YR						Area	Code	•	Da	aytime Te	lephor	e Num	ber	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF DUANE MILNE	From:	11/25/201	<u>4</u> To:	12/31/2014
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	250.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	250.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	500.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	500.00
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			\$	750.00

#### **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	g Period		
FRIENDS OF DUANE MILNE	From:	11/25/2014	То:	12/31/2014
		DATE		AMOUNT

Full Name of Contributing Committee ENERGY TRASFER PAC					DAY	YEAR	
Mailing Address 400 W. 15TH STREET SUITE 720							<b>\$</b> 250.00
City AUSTIN		State TX	<b>Zip Code (Plus 4)</b> 78701	12	3	2014	
		17	70701				

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

**PAGE TOTAL \$** 250.00

## 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 of Camulate				Reporting Period From: To:				
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	)					

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

**PAGE TOTAL \$**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 P			
FRIENDS OF DUANE MILNE	From:	11/25/2014	То:	12/31/2014

DATE AMOUNT

Full Name of Contributing Committee  MCA OF EASTERN PA SCA PAC	МО	DAY	YEAR			
Mailing Address 2250 HICKORY ROAD	11			<b>\$</b> 500.00		
City PLYMOUTH MEETING State Zip Code (Plus 4) PA 19462				30	2014	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PAGE TOTAL \$** 500.00

### 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	ame of Filing Committee or Candidate			Reporting Period					
			Fron	n:		To	<b>)</b> :		
				D	ATE		ı	AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	PAGE 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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		A	MOUNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	·						
Enter Grand Total of Part E on	Schedule T. Detailed	d Summary Page	Section	4			P	AGE TOTAL
	2, <b>200</b> 0000		22300				\$	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 Pe	riod	
FRIENDS OF DUANE MILNE	From:	11/25/2014 <b>To</b> :	12/31/2014
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	)R	
TOTAL for the Reporting Pe	eriod (1)	\$	8.50
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T 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,		\$	8.50

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candid	ate		Reportin	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	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 Sun	nmary Pag	je,		PAGE TOTAL
Section 2.						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Re	porting	Period			
					Fro	om:		То:		
					•		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	1		•			Occupa	ation			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	in-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period						
FRIENDS OF DUANE MILNE			From <u>11/25/2014</u> To:				12/31/2014		
				DATE			AMOUNT		
To Whom Paid VERIZON			МО	DAY	YEAR				
Mailing Address P.O. BOX 25505				17	2014	\$	18.94		
City LEHIGH VALLEY	<b>State</b> PA	Zip Code (Plus 4)	Description of Expenditure  CAMPAIGN TELEPHONE						
<b>To Whom Paid</b> WARREN KAMPF			мо	DAY	YEAR				
Mailing Address 42 EAST LANCASTER AVE						\$	120.00		
City PAOLI	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19301	Description of Expenditure CHESTER COUNTY HOUSE DELEGATION LUNCHEON						
To Whom Paid FORTY NINERS CHORUS			МО	DAY	YEAR				
Mailing Address PO BOX 402			11	30	2014	\$	50.00		
City WEST CHESTER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19381	Description of Expenditure  DONATION						
To Whom Paid FOUNDATION AT GREAT VALLE	Y	-	МО	DAY	YEAR				
Mailing Address P.O. BOX 74			12	31	2014	\$	250.00		
	State	Zip Code (Plus 4)	Description of Expenditure DONATION						
<b>City</b> MALVERN	PA	19355	DONAT	ION					
To Whom Paid GOSHEN SIGNS	PA	19355	MO	DAY	YEAR				
To Whom Paid	<u> </u>	19355			<b>YEAR</b> 2014	. \$	209.88		

19380

PA

BOARDS FOR CAMPAIGN FUND RAISER

To Whom Paid GREAT VALLEY GRIDIRON CLUB			мо	DAY	YEAR		
Mailing Address 570 SUGARTOWN ROAD			11	30	2014	\$	400.00
City MALVERN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19355	Description of Expenditure DONATION				
To Whom Paid BISHOP SHANAHAN HIGH SCHOOL			МО	DAY	YEAR		
Mailing Address 1211 NORTH ASHBROOKE DR.			11	30	2014	\$	250.00
City WEST CHESTER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19380	Description of Expenditure DONATION				
To Whom Paid CHESTER COUNTY BOY SCOUTS			МО	DAY	YEAR		
Mailing Address 504 SOUTH			11	30	2014	\$	250.00
City WEST CHESTER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19380	Description of Expenditure DONATION				
To Whom Paid LORI LOSCH			МО	DAY	YEAR		
Mailing Address 150 A EAST WING P.O. BOX 202167			11	30	2014	\$	160.00
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171202167	Description of Expenditure HARRISBURG STAFF GIFTS				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	<b>PAGE TOTAL</b> 1,708.82