

Campaign Finance Report

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

Filer Identification Number :		2006131		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF DUANE MILNE												
Street Address: 43 STONEHENGE LANE												
City: MALVERN						State: PA			Zip Code: 19355			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2016	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY						MO	DAY	YEAR	167	STH	REP	15
						11	8	2016	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		11	29	2016		12	31	2016				
A. Amount Brought Forward From Last Report						\$ 21,510.92						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 2,150.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 23,660.92						
D. Total Expenditures (From Schedule III)						\$ 171.19						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 23,489.73						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 20,000.00						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF DUANE MILNE	From: <u>11/29/2016</u> To: <u>12/31/2016</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 400.00

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)	\$ 750.00
TOTAL for the Reporting Period (2)	\$ 750.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 1,000.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 2,150.00
---	-------------

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 Candidate FRIENDS OF DUANE MILNE	Reporting Period From: <u>11/29/2016</u> To: <u>12/31/2016</u>
--	--

DATE	AMOUNT
-------------	---------------

Full Name of Contributor ANTHONY P. DOLANSKI				MO	DAY	YEAR	\$ 250.00
Mailing Address 4 ROSELAWN LN				12	23	2016	
City MALVERN	State PA	Zip Code (Plus 4) 19355					

Full Name of Contributor GARRISON ENVIRONMENTAL LAW			MO	DAY	YEAR	\$ 200.00
Mailing Address 101 LINDENWOOD DRIVE #225			12	31	2016	
City MALVERN	State PA	Zip Code (Plus 4) 19355				

Full Name of Contributor M.G. SOPHOCLES DMD			MO	DAY	YEAR	\$ 100.00
Mailing Address 21 INDUSTRIAL BLVD #202			12	31	2016	
City PAOLI	State PA	Zip Code (Plus 4) 19301				

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
D.W. MOSER							
Mailing Address				12	30	2016	
P.O. BOX 566							
City		State	Zip Code (Plus 4)				
EXTON		PA	19341				

Full Name of Contributor DAVID W. RAWSON			MO	DAY	YEAR	\$ 100.00
Mailing Address 2690 CRUM CREEK DR			12	24	2016	
City BERWYN	State PA	Zip Code (Plus 4) 19312				

PAGE TOTAL

\$ 750.00

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

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
FRIENDS OF DUANE MILNE	From: <u>11/29/2016</u> To: <u>12/31/2016</u>

				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$	1,000.00
AQUA AMERICA INC H2O PAC								
Mailing Address								
762 WEST LANCASTER AVE				12	15	2016		
City	BRYN MAWR		State					

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

PAGE TOTAL
\$ 1,000.00

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: To:

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 0.00

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	Reporting Period From: To:
---------------------------------------	--

			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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 Period	
FRIENDS OF DUANE MILNE		From: <u>11/29/2016</u> To: <u>12/31/2016</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
---------------------------------------	--

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

5/14/2024 1:07:49 PM

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF DUANE MILNE	From <u>11/29/2016</u> To: <u>12/31/2016</u>

DATE				AMOUNT
To Whom Paid BOB JONES	MO	DAY	YEAR	
Mailing Address 1052 VALLEY HILL ROAD	12	31	2016	\$ 126.14
City MALVERN	State PA	Zip Code (Plus 4) 19355	Description of Expenditure AUTO EXPENSES FOR CAMPAIGN	
To Whom Paid JOHN C. MARTIN, JR	MO	DAY	YEAR	
Mailing Address 4101 HOWELL ROAD	12	31	2016	\$ 45.05
City MALVERN	State PA	Zip Code (Plus 4) 19355	Description of Expenditure OVERNIGHT MAILING, COPYING FAX TO DEPT. OF STATES	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 171.19

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

**Use this Section to itemize all unpaid debts and obligations
which are outstanding at the end of the reporting period**

Name of Filing Committee or Candidate FRIENDS OF DUANE MILNE				Reporting Period From: <u>11/29/2016</u> To: <u>12/31/2016</u>			
							Outstanding Balance of Debt
							DATE
Name of Creditor DUANE MILNE				MO	DAY	YEAR	\$ 20,000.00
Mailing Address 43 STONEHENGE LANE				10	4	2016	
City MALVERN	State PA		Zip Code (Plus 4) 19355		Description of Debt CAMPAIGN LOAN TO FRIENDS OF DUANE MILNE FILER ID #2006131		
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 20,000.00