Campaign Finance Report

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

Filer Identificat	ion 2	006131				Report		CANDI	DATE		СОММ	1ITTEE	\checkmark	LOBE	BYIST	
Number :	2	000131				Filed B	у:						•			
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF DUANE MILNE																
Street Address: PO BOX 1674																
City: WEST CHESTER State: PA											Zip Code: 19380					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		ND FRIDA RIMARY	Y PRE		30 DA PRIM		POST-	3.		AMENDN REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		ND FRIDA _ECTION	Y PRE		30 DA		POST-	6.		TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL REPO	DRT 7.)	(Y	ear 2023				NG METHO				PAPER		\checkmark	DISKE	TTE
Name of Office	L Sought by Cano	didate:						DATE O	F ELEC	CTION	1	District Number	Office Code	Par	ty Code	County Code
								мо	DAY	YEA	AR			REP		
								11		7	2023		(SEE INS	STRUCTIO	ONS FOR	CODES)
Summary of		d M	0	DAY	YEAR	Ł		мо	DAY	YEA	AR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:		11	28	2	023 T	0	12	3	31	2023					
A. Amount Bro	ught Forward	From La	st Rep	ort			\$			76,43	33.73					
B. Total Monet	ary Contributio	ons And	Receip	ots (Fron	1 Sche	dule I)	\$		52,000.00							
C. Total Funds Available (Sum Of Lines A and B) \$ 128,433.73																
D. Total Expen	ditures (From	Schedul	e III)				\$			28,20	00.00					
E. Ending Cash	Balance (Sub	tract Lin	e D Fro	om Line	C)		\$		1	.00,23	3.73					
F. Value Of In-	Kind Contribut	ions Re	ceived	(From S	chedu	le II)	\$				0.00	-				
G. Unpaid Deb	ts And Obligati	ions (Fro	om Sch	edule IV	')		\$	109,500.00								
					AFF	IDAVI	Γ SE	CTION								
PART I - If this i	s a Committee	report,	treasu	rer sign	here. I	If this is	a Cai	ndidate re	eport, ca	andida	ate sig	gn here.				
I swear (or affirm correct and compl		, includin	g the at	tached sc	hedules	s filed on _l	paper	or by elect	ronic me	dium, a	are to t	the best o	f my knov	vledge	and beli	ef , true
Sworn to and sub	scribed before mo day of	e this	2	n						Sig	gnature	e of Perso	n Submitt	ing Rep	ort	
							-					Prin	ted Name	1		
My Commission E	-	nature										Ema				
,	мо		DAY		YR		-		Are	a Code			ne Teleph	one Nu	mber	
Part II- If this is	a report of a	candida	te's au	thorized	Comn	nittee, Ca	andid	ate shall	sign he	ere.						
	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 Signature of Candidate																
			2				-					Printe	ed Name			
	Signat	ure					-					E				
My Commission Ex	pires											Ema				
	мо		DAY		YR	1			Area C	Code		D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	or Candidate Reporting Period						
FRIENDS OF DUANE MILNE	From:	<u>11/28/20</u>	<u>23</u> To:	<u>12/31/2023</u>			
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)			\$	0.00			
All Other Contributions (Part B)	\$	0.00					
TOTAL for the Reporting	\$	0.00					
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	J Period	(3)	\$	0.00			
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)							
TOTAL for the Reporting	J Period	(4)	\$	52,000.00			
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			\$	52,000.00			

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 Period						
			Fro	om:		То	:				
					DATE			AMOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plus	4)								
							Γ	PAGE TOTAL			

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

0.00

\$

PAGE 3

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		Rep	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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	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 Committe	e			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detai	led 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		АМ	OUNT
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 P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	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 C	Report	rting Period							
FRIENDS OF DUANE MILNE	FRIENDS OF DUANE MILNE From:				<u>11/28/2023</u> To: <u>12/31</u>				
				D	ATE			AMOUNT	
Full Name AREA 9 REPUBLICAN COMMIT	TEE			мо	DAY	YEAR	1		
Mailing Address 6 KAREN [DRIVE						4	\$ 500.00	
City MALVERN	State PA	Zip Code (Plus 4) 19355		9	27	202	3		
Receipt Description RETU	RN OF CHECK FOR DEPO	OSIT							
Full Name DUNE MILNE				мо	DAY	YEAR			
Mailing Address 43 STONE	HENGE LANE						4	5 1,500.00	
City MALVERN	State PA	Zip Code (19355	Plus 4)	12	29	202	3		
Receipt Description PERS	ONAL LOAN TO FRIENDS	S OF DUANE MILNE	1						
Futer Crewd Tatal of Dart F a	n Cabadula I. Datailad		Cention	4				PAGE TOTAL	
Enter Grand Total of Part E o	n Schedule I, Detalled	i Summary Page,	Section	4.			\$	52,000.00	

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	d	
FRIENDS OF DUANE MILNE	From:	<u>11/28/2023</u> то:	<u>12/31/2023</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 PART	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					
	From:			То:					
				DATE		АМО	UNT		
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL		
					4	6	0.00		

0.00

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

Name of Filing Committee or Candidate						Reporting Period					
					Fro	m:		То:			
							DATE			AMOUNT	
Full Name of Contributor						МО	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(I	Plus 4)							
Employer of Contributor						Occupat	l tion		<u> </u>		
Employer Mailing Address/Prin Business	ncipal Place of	City		State		Zip 4)	Code(Plus	Descri	ption of	Contribution	
Enter Grand Tatal of Dart	C on Schodula II		Contribut			d				PAGE TOTAL	

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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period					
FRIENDS OF DUANE MILNE			From	<u>11/28</u>	<u>3/2023</u>	То:	<u>12/31/2023</u>	
				DATE		AMOUNT		
To Whom Paid UNION GROVE REPUBLICAN COMMITTE	E		мо	DAY	YEAR			
Mailing Address 145 PROSPECT AVE	NUE		8	5	2023	\$	500.00	
City WEST GROVE State Zip Code (Plus 4) PA 19390			Description of Expenditure DONATION					
To Whom Paid AREA 28 REPUBLICAN COMMITTEE			мо	DAY	YEAR			
Mailing Address 215 FERN RIDGE			8	5	2023	\$	500.00	
City LANDENBERG	State PA	Zip Code (Plus 4) 19350	Description of Expenditure DONATION					
To Whom Paid AREA 2 REPUBLICAN COMMITTEE			мо	DAY	YEAR			
Mailing Address 340 SUNDANCE DRI	VE		9	18	2023	\$	300.00	
City CHESTER SPRINGS State Zip Code (Plus 4) PA 19425			Description of Expenditure DONATION					
To Whom Paid DUANE MILNE			мо	DAY	YEAR			
Mailing Address 43 STONEHENGE LA	NE		10	2	2023	\$	25,000.00	
City MALVERN	State PA	Zip Code (Plus 4) 19355	Description of Expenditure DISBURSEMENT FOR PERSONAL LOAN REPAYMENT					
To Whom Paid AREA 11 REPUBLICAN COMMITTEE			мо	DAY	YEAR			
Mailing Address 327 S. WALNUT STREET			10	3	2023	\$	500.00	
City WEST CHESTER	State PA	Zip Code (Plus 4) 19382	Description of Expenditure DONATION					

						PAGE	12		
To Whom Paid MONTY MILNE				DAY	YEAR				
Mailing Address 946 PORT PROVIDENCE ROAD			10	4	2023	\$	300.00		
City PHOENIXVILLE	PHOENIXVILLE State Zip Code (Plus 4) PA 19460			Description of Expenditure PAYMENT FOR CAMPAIGN SERVICES					
To Whom Paid EAST GOSHEN REPUBLICAN COMMITTE	мо	DAY	YEAR						
Mailing Address 1331 PARK AVENUE			10	11	2023	\$	500.00		
CityWEST CHESTERStateZip Code (Plus 4)PA19380				Description of Expenditure DONATION					
To Whom Paid FRIENDS OF DAVID SOMMERS			мо	DAY	YEAR				
Mailing Address 102 S. 5 POINTS RO	Mailing Address 102 S. 5 POINTS ROAD				2023	\$	100.00		
City WEST CHESTER	State PA	Zip Code (Plus 4) 19382	Description of Expenditure DONATION						
To Whom Paid AREA 28 REPUBLICAN COMMITTEE			мо	DAY	YEAR				
Mailing Address 215 FERN RIDGE			11	9	2023	\$	100.00		
CityLANDENBERGStateZip Code (Plus 4)PA19350			Description of Expenditure DONATION						
To Whom Paid AREA 14 REPUBLICAN COMMITTEE				DAY	YEAR				
Mailing Address 119 MARQUIS DRIVE			11	17	2023	\$	50.00		
City COATESVILLE	State PA	Zip Code (Plus 4) 19320	Description of Expenditure DONATION						
To Whom Paid AREA 27 REPUBLICAN COMMITTEE			мо	DAY	YEAR				
Mailing Address 221 OVERLOOK DRIVE			1.1	20	2023				
221 OVERLOOK DR	VE		11	20	2025	\$	300.00		

To Whom Paid TREDYFFRIN TOWNSHIP REPUBLICAN COMMITTEE			мо	DAY	YEAR	
Mailing Address 998 HEATHERSTONE DRIVE			11	27	2023	\$ 50.00
City BERWYN State Zip Code (Plus 4) Description of Expenditure PA 19312 DONATION						
						PAGE TOTAL
Enter Grand Total of E	xpenditures on Page 1, Rep	port Cover Page, Item D.	•			\$ 28,200.00

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			Reporting Period					
FRIENDS OF DUANE MILNE			From:	<u>11/28/2023</u> To:			<u>12/31/2023</u>	
					DATE			Outstanding Balance of Debt
Name of Creditor DUANE MILNE				мо	DAY	YEAR		
Mailing Address 43 STONEHENGE L	ANE			1	27	2023	;	\$ 58,000.00
City MALVERN	State	Zip Code (Pl	us 4)	Description of Debt				
	PA	19355		PERSONAL LOAN TO FRIENDS OF				S OF DUANE MILNE
					DATE			Outstanding Balance of Debt
Name of Creditor DUANE MILNE				мо	DAY	YEAR		
Mailing Address 43 STONEHENGE L	ANE			12	29	2023	;	\$ 51,500.00
City MALVERN	State	Zip Code (Pl	us 4)	Description of Debt				
	PA	19355		PERSONAL LOAN TO FRIENDS OF DUANE MILNE				
							PAGE TOTAL	
Enter Grand Total of Unpaid Deb	ts on Page 1, Rep	ort Cover Pa	ge, Item	G.			\$	109,500.00