

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: POB 1674										
City: WEST CHESTER				State: PA		Zip Code: 19380				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	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.	Year 2024	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
				MO	DAY	YEAR	REP			
				11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		3	5	2024		4	8	2024		
A. Amount Brought Forward From Last Report				\$ 100,233.73						
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 1,000.00						
C. Total Funds Available (Sum Of Lines A and B)				\$ 101,233.73						
D. Total Expenditures (From Schedule III)				\$ 27,400.00						
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 73,833.73						
F. Value Of In-Kind Contributions Received (From Schedule II)				\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)				\$ 84,500.00						

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>3/5/2024</u> To: <u>4/8/2024</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 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
All Other Contributions (Part D)	\$ 1,000.00
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.)	\$ 1,000.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

PAGE TOTAL	
\$	0.00

<div>PART B</div> <div>ALL OTHER CONTRIBUTIONS</div> <div>\$50.01 TO \$250.00</div> <div>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)</div>						
Name of Filing Committee or Candidate				Reporting Period		
				From:		To:
				DATE		AMOUNT
Full Name of Contributor				MO	DAY	YEAR
Mailing Address						
City	State	Zip Code (Plus 4)				
						\$ 0.00

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 Period	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
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 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 FRIENDS OF DUANE MILNE	Reporting Period From: <u>3/5/2024</u> To: <u>4/8/2024</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
MICHAEL KING					
Mailing Address 39 BUTTONWOOD DRIVE <div style="display: flex; justify-content: space-between;"> <div style="width: 25%;"> City EXTON </div> <div style="width: 15%;"> State PA </div> <div style="width: 40%;"> Zip Code (Plus 4) 19341 </div> </div>	1	31	2024	\$	1,000.00
Employer Name MEDICAL TRANSPORT SYSTEMS	Occupation PRESIDENT				
Employer Mailing Address/Principal Place of Business 2427 SUSQUEHANNA ROAD	City ABINGTON	State PA	Zip Code (Plus 4) 19001		

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

PAGE TOTAL
\$ 1,000.00

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:
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			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>3/5/2024</u> To: <u>4/8/2024</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:
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			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

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF DUANE MILNE	From <u>3/5/2024</u> To: <u>4/8/2024</u>

DATE				AMOUNT		
To Whom Paid DUANE MILNE			MO	DAY	YEAR	\$ 25,000.00
Mailing Address 43 STONEHENGE LANE			1	2	2024	
City MALVERN	State PA	Zip Code (Plus 4) 19355	Description of Expenditure PARTIAL REPAYMENT OF PERSONAL LOAN			
To Whom Paid REPUBLICAN WOMEN OF CHESTER COUNTY (RWCC)			MO	DAY	YEAR	\$ 500.00
Mailing Address 803 HAPPY CREEK LANE			1	9	2024	
City WEST CHESTER	State PA	Zip Code (Plus 4) 19380	Description of Expenditure EVENT SPONSORSHIP			
To Whom Paid WEST GOSHEN REPUBLICAN COMMITTEE			MO	DAY	YEAR	\$ 500.00
Mailing Address 806 STILLWOOD LANE			1	23	2024	
City WEST CHESTER	State PA	Zip Code (Plus 4) 19380	Description of Expenditure EVENT SPONSORSHIP			
To Whom Paid WEST GOSHEN REPUBLICAN COMMITTEE			MO	DAY	YEAR	\$ 50.00
Mailing Address 806 STILLWOOD LANE			1	23	2024	
City WEST CHESTER	State PA	Zip Code (Plus 4) 19380	Description of Expenditure CAMPAIGN DONATION			
To Whom Paid AREA 9 REPUBLICAN COMMITTEE			MO	DAY	YEAR	\$ 500.00
Mailing Address 6 KAREN DRIVE			2	9	2024	
City MALVERN	State PA	Zip Code (Plus 4) 19355	Description of Expenditure EVENT SPONSORSHIP			

To Whom Paid AREA 9 REPUBLICAN COMMITTEE			MO	DAY	YEAR	
Mailing Address 6 KAREN DRIVE			2	9	2024	
City MALVERN	State PA	Zip Code (Plus 4) 19355	Description of Expenditure EVENT SPONSORSHIP			
To Whom Paid AREA 6 REPUBLICAN COMMITTEE			MO	DAY	YEAR	
Mailing Address 4080 HOWELL ROAD			2	23	2024	
City MALVERN	State PA	Zip Code (Plus 4) 19355	Description of Expenditure CAMPAIGN DONATION			
To Whom Paid AREA 1 REPUBLICAN COMMITTEE			MO	DAY	YEAR	
Mailing Address 617 HOMESTEAD DRIVE			3	13	2024	
City ELVERSON	State PA	Zip Code (Plus 4) 19520	Description of Expenditure EVENT SPONSORSHIP			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 27,400.00

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: 3/5/2024 To: 4/8/2024			
				DATE		Outstanding Balance of Debt
Name of Creditor			MO	DAY	YEAR	
DUANE MILNE						
Mailing Address			1	27	2023	\$ 33,000.00
43 STONEHENGE LANE						
City	State	Zip Code (Plus 4)	Description of Debt			
MALVERN	PA	19355	PERSONAL LOAN TO FRIENDS OF DUANE MILNE			
				DATE		Outstanding Balance of Debt
Name of Creditor			MO	DAY	YEAR	
DUANE MILNE						
Mailing Address			12	29	2023	\$ 51,500.00
43 STONEHENGE LANE						
City	State	Zip Code (Plus 4)	Description of Debt			
MALVERN	PA	19355	PERSONAL LOAN TO FRIENDS OF DUANE MILNE			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL
						\$ 84,500.00