

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: MILNE, DUANE FRIENDS OF								
Street Address: 16 FAIRVIEW RD								
City: PAOLI				State: PA		Zip Code: 19301		
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2008	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY				MO DAY YEAR			STH	REP
				11 4 2008			15	
							(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		FOR OFFICE USE ONLY	
		1	1	2008	4 7 2008			
A. Amount Brought Forward From Last Report				\$ 36,352.22				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 4,735.00				
C. Total Funds Available (Sum Of Lines A and B)				\$ 41,087.22				
D. Total Expenditures (From Schedule III)				\$ 0.00				
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 41,087.22				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$ 0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$ 0.00				

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
MILNE, DUANE FRIENDS OF	From: <u>1/1/2008</u> To: <u>4/7/2008</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)	\$ 935.00
TOTAL for the Reporting Period (2)	\$ 935.00

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)	\$ 3,300.00
TOTAL for the Reporting Period (3)	\$ 3,800.00

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.)	\$ 4,735.00
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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: To:
<div style="display: flex; justify-content: space-between;"> DATE AMOUNT </div>	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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 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	Reporting Period
MILNE, DUANE FRIENDS OF	From: <u>1/1/2008</u> To: <u>4/7/2008</u>

DATE	AMOUNT
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Full Name of Contributor WILLIAM AND KATHLEEN WEBER			MO	DAY	YEAR	\$ 100.00
Mailing Address 2127 INVERNESS LANE			1	14	2008	
City BERWYN	State PA	Zip Code (Plus 4) 19312				

Full Name of Contributor				MO	DAY	YEAR	\$	20.00
WENDY NAWN								
Mailing Address				1	14	2008		
4 MANOR VIEW CIR								
City		State	Zip Code (Plus 4)					
MALVERN		PA	19355					

Full Name of Contributor				MO	DAY	YEAR	\$	100.00
GARY AND PATRICIA HOLLOWAY								
Mailing Address				1	14	2008		
10 CAMPUS BLVD		City	NEWTOWN SQUARE				State	PA

Full Name of Contributor				MO	DAY	YEAR	\$ 150.00
ANDREW MOTEL							
Mailing Address 4241 WHITEHORSE ROAD				2	13	2008	
City	MALVERN	State	Zip Code (Plus 4)				
		PA	19355				

Full Name of Contributor BRIAN DAGGETT				MO	DAY	YEAR	\$ 250.00
Mailing Address 2040 UNION HALL ROAD				2	13	2008	
City MALVERN	State PA	Zip Code (Plus 4) 19355					

Full Name of Contributor			MO	DAY	YEAR	\$ 150.00
KEVIN KUHN						
Mailing Address			2	13	2008	
4162 WHITEHORSE ROAD						
City	DEVAULT	State				
		PA				
		Zip Code (Plus 4)				
		19432				

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
JUDY AND KEVIN CRUCE							
Mailing Address				3	4	2008	
127 HEDGEROW LANE							
City	State	Zip Code (Plus 4)					
WEST CHESTER	PA	19380					

Full Name of Contributor				MO	DAY	YEAR	\$ 50.00
NANCY AND HOWARD HALLETT							
Mailing Address				3	18	2008	
4034 TINKER HILL ROAD							
City	PHOENIXVILLE	State	PA	Zip Code (Plus 4)	19460		

Full Name of Contributor				MO	DAY	YEAR	\$	15.00
MR. AND MRS. EDWARD HOGSTROM								
Mailing Address				4	2	2008		
PO BOX 457								
City		State	Zip Code (Plus 4)					
KIMBERTON		PA	19442					

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

PAGE TOTAL
\$ 935.00

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
MILNE, DUANE FRIENDS OF	From: <u>1/1/2008</u> To: <u>4/7/2008</u>

				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$	500.00
PSEA PACE								
Mailing Address								
400 NORTH 3RD STREET				4	7	2008		
City	HARRISBURG	State	Zip Code (Plus 4)					
		PA	17105					

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

PAGE TOTAL
\$ 500.00

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 MILNE, DUANE FRIENDS OF	Reporting Period From: <u>1/1/2008</u> To: <u>4/7/2008</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
JAMES AND BONNIE VAN ALEN							
Mailing Address 936 PLUMSOCK ROAD							\$ 500.00
City NEWTOWN SQUARE	State PA	Zip Code (Plus 4) 19073		2	13	2008	
Employer Name RETIRED				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

Full Name of Contributor				MO	DAY	YEAR	
DALLAS KRAFT							
Mailing Address 407 JACOBS COURT							\$ 500.00
City EXTON	State PA	Zip Code (Plus 4) 19341		2	26	2008	
Employer Name KRAFT BUS COMPANY				Occupation OWNER			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		
407 JACOBS COURT			EXTON	PA	19341		

Full Name of Contributor				MO	DAY	YEAR	
CHRISTOPHER KNAUER							
Mailing Address 400 DUTTON MILL ROAD							\$ 500.00
City MALVERN	State PA	Zip Code (Plus 4) 19355		2	26	2008	
Employer Name SELF EMPLOYED				Occupation REAL ESTATE DEVELOPER			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		
OAKLANDS BUSINESS PARK			EXTON	PA	19341		

Full Name of Contributor RICHARD AND SUSAN BURICK			MO	DAY	YEAR	\$ 500.00
Mailing Address 157 KENTSDALE COURT			3	4	2008	
City MALVERN	State PA	Zip Code (Plus 4) 19380				
Employer Name RETIRED			Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

Full Name of Contributor DAVID TERRY			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 607 WATERFALL WAY			3	18	2008	
City PHOENIXVILLE	State PA	Zip Code (Plus 4) 19460				
Employer Name RETIRED			Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

Full Name of Contributor MR. AND MRS. JOHN MCELROY, III			MO	DAY	YEAR	\$ 300.00
Mailing Address 12 HORSESHOE LANE			4	2	2008	
City PAOLI	State PA	Zip Code (Plus 4) 19301				
Employer Name RETIRED			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
\$ 3,300.00

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				
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	
MILNE, DUANE FRIENDS OF		From: <u>1/1/2008</u> To: <u>4/7/2008</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	
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 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
	<div style="display: flex; justify-content: space-between;"> From To: </div>

				DATE	AMOUNT	
To Whom Paid			MO	DAY	YEAR	
Mailing Address						\$ 0.00
City	State	Zip Code (Plus 4)	Description of Expenditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 0.00

