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 :	i on 200	6131			Report Filed E		CANDI	DATE	СОМІ	MITTEE	✓	LOBE	BYIST			
Name of Filing C	Committee, Candi	date or L	obbyist:		MILNE,	DUAN	IE FRIEN	DS OF								
Street Address:	16 FAIRVIEV	V RD														
City:	PAOLI						State:	PA		Zip Co	Zip Code: 19301					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRID PRIMARY	AY PRE	- 2.	30 DA PRIMA		POST- 3	. X	AMENDN REPORT		Yes	No	\checkmark		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRID	5.	30 DA ELECT		POST- 6		TERMIN REPORT		Yes	No	\checkmark			
report type)	ANNUAL REPOR	T 7.	Year 2008	8			NG METHO			PAPER		\checkmark	DISKE	TTE		
Name of Office Sought by Candidate:							DATE O	F ELEC	ΓΙΟΝ	District Number	Office Code	Par	ty Code	County Code		
REPRESENTATI	VE IN THE GENE	RAI ASS	SEMBLY				мо	DAY	YEAR		STH	REP		15		
			11	4	2008		(SEE INS	TRUCTIO	ONS FOR (CODES)						
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY			
Expenditures	s from:		1	1 2	008 T	0	5	12	2008							
A. Amount Bro	ught Forward Fro	om Last R	eport			\$		2	1,087.22							
B. Total Monet	ary Contributions	And Rec	eipts (Fro	m Sche	dule I)	\$	\$ 4,250.00									
C. Total Funds Available (Sum Of Lines A and B) \$ 45,337.22																
D. Total Expen	ditures (From Sc	hedule II	I)			\$			0.00]						
E. Ending Cash	Balance (Subtra	ct Line D	From Line	e C)		\$		4	5,337.22]						
F. Value Of In-	Kind Contribution	ns Receiv	ed (From S	Schedu	le II)	\$			0.00	_						
G. Unpaid Deb	ts And Obligation	s (From S	Schedule I	V)		\$			1,678.50							
				AFF	IDAVI	T SE	CTION									
	s a Committee re															
I swear (or affirm) correct and comple) that this report, in ete.	cluding the	e attached s	chedules	s filed on	paper	or by elect	ronic med	ium, are to	the best o	f my knov	vledge	and beli	ef , true		
Sworn to and subs	cribed before me th day of	is	20						Signatur	e of Perso	n Submitt	ing Rep	oort			
	Signat	ure				_				Prin	ted Name					
My Commission Ex	-									Ema	il					
	мо	D	AY	YR		-		Area	Code	Daytin	ne Teleph	one Nu	mber			
Part II- If this is	a report of a car	ndidate's	authorize	d Comn	nittee, C	andid	ate shall	sign her	e.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and be	lief this	political	comm	ittee has n	ot violate	d any provis	ions of th	e act of Ju	ine 3,19	937 (P.L	. 1333,		
Sworn to and subso	ribed before me this day of	5	20						S	Gignature	of Candida	ite				
						-				Printe	ed Name					
	Signature	1				-				Ema	il					
My Commission Exp	oires					_					···					
	мо	D	AY	YR		_		Area Co	ode	D	aytime Te	elephon	e Numb	er		

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:** 5/12/2008 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 200.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 200.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 4,050.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 4,050.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 4,250.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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.

em:	DATE	То	:	
	DATE			
				AMOUNT
мо	DAY	YEAR		
			\$	0.00
			Г	PAGE TOTAL
M	10	10 DAY	10 DAY YEAR	

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

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 Candidat	Name of Filing Committee or Candidate Reporting Period										
MILNE, DUANE FRIENDS OF			Fro	m:	<u>1/1/2</u>	2 <u>008</u> To		: <u>5/12/2008</u>			
					DATE			AMOUNT			
Full Name of Contributor SARA D. HARRIS		мо	DAY	YEAR							
Mailing Address 1401 NORTH CREE	K ROAD						\$	100.00			
City CHADDSFORD	State PA	Zip Code (Plus 4) 19317		4	28	2008					
Full Name of Contributor JOHN AND JOHANNA PAUCINLO				мо	DAY	YEAR					
Mailing Address 22 HICKORY LANE					2.0	2000	\$	100.00			
City MALVERN		4	28	2008							
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								PAGE TOTAL 200.00			

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 Reportin							
MILNE, DUANE FRIENDS OF			From:	<u>1/</u>	1/2008	То:	<u>5/12/2008</u>
				DA	TE		AMOUNT
Full Name of Contributing Committee CITIZENS FOT ELECT CRAIG DALEY				мо	DAY	YEAR	
Mailing Address 124 BELVIDERE STR	EET						\$ 300.00
City NAZARETH	State PA	Zip Code 18064	e (Plus 4)	5	12	2008	
Full Name of Contributing Committee PA BANKERS PAC				мо	DAY	YEAR	
Mailing Address PO BOX 345 City HARRISBURG	State PA	Zip Code 17108	e (Plus 4)	5	7	2008	\$ 250.00
Full Name of Contributing Committee PMA PAC				мо	DAY	YEAR	
Mailing Address 225 STATE STREET	State PA	Zip Code	e (Plus 4)	5	7	2008	\$ 250.00
Full Name of Contributing Committee SUNPAC				мо	DAY	YEAR	
Mailing Address 1735 MARKET STREE	T State PA	Zip Code	e (Plus 4)	5	7	2008	\$ 500.00
Full Name of Contributing Committee CHAMBER PAC					DAY	YEAR	
Mailing Address 417 WALNUT STREET	State PA	Zip Code 17101	e (Plus 4)	5	7	2008	\$ 250.00

Full Name of Contributing Committee COMMITTEE TO ELECT CHRIS ROSS	мо	DAY	YEAR			
Mailing Address PO BOX 93 City UNIONVILLE	State PA	Zip Code (Plus 4)	5	9	2008	\$ 2,500.00
Enter Grand Total of Part C on Sch		19375 ed Summary Page, Sectio	n 3.			\$ PAGE TOTAL 4,050.00

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		АМО	UNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupa	tion		·	
Employer Mailing Address/Principal Place of City Business				·	State		Zip Code ((Plus 4)
Enter Grand Total of Part C or	n Schedule I, Detail	led Sumr	nary Page, Secti	on 3.			PAG	E TOTAL
							5	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	Name of Filing Committee or Candidate			ing Perio	od				
	From: To:								
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$		0.00
City	State	Zip Code (Plus 4)						
Receipt Description		1			1				
Enter Grand Total of Part E c	n Schodulo I. Dotailog		Section	4				PAGE TOT	AL
	in Schedule I, Detailed	i Summaly Paye,	Section				\$		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>5/12/2008</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 PAR	T F)		
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				g Period				
	From:			То:				
		DATE		AMOUNT				
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	,					
Description of Contribution:	Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

PAGE 11

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

Name of Filing Committee or Candidate				Rej	porting F	Period				
						From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State	Zip Code(Plus 4)								
Employer of Contributor	•					Occupa	tion			
Employer Mailing Address/Principal Place of City State Business						Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions De				ons De	taile	ed				PAGE TOTAL
Summary Page, Section 3.							0.00			

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate						
	From			То:			
		AMOUNT					
To Whom Paid	мо	DAY	YEAR				
Mailing Address						\$	0.00
City State Zip Code (Plus 4)				otion of Ex	penditure		
Enter Grand Total of Expenditures					PAGE TOTAL		
	on Page 1, Report C	over Page, Item L				\$	0.00

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					
MILNE, DUANE FRIENDS OF			From:		<u>1/1/2008</u>	То:		<u>5/12/2008</u>
					DATE			Outstanding Balance of Debt
Name of Creditor PATHFINDER COMMICATIONS				мо	DAY	YEAR		
Mailing Address 603 SWEDESFORD ROAD				4	22	2008	\$	1,165.00
City MALVERN	State PA	Zip Code (Pl 19355	ıs 4)	Description of Debt ELECTION DAY HANDOUT				
D								Outstanding Balance of Debt
Name of Creditor HARRISBURGH HILTON				мо	DAY	YEAR		
Mailing Address ONE NORTH SECOND STREET				5	9	2008	\$	513.50
City HARRISBURG	State PA	Zip Code (Pl 17101	ıs 4)	Description of Debt				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	PAGE TOTAL 1,678.50