

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.	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 2008		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	STH	REP	15	
						11	4	2008	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		1	1	2008		12	31	2008				
A. Amount Brought Forward From Last Report						\$ 26,586.89						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 1,241.32						
C. Total Funds Available (Sum Of Lines A and B)						\$ 27,828.21						
D. Total Expenditures (From Schedule III)						\$ 2,424.55						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 25,403.66						
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

Signature

Printed Name

My Commission Expires

Email

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>12/31/2008</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)	\$ 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)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 1,241.32

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.)	\$ 1,241.32
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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

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)					

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	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 MILNE, DUANE FRIENDS OF	Reporting Period From: <u>1/1/2008</u> To: <u>12/31/2008</u>
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				DATE			AMOUNT
Full Name VERIZON				MO	DAY	YEAR	\$ 241.32
Mailing Address P.O. BOX 28000				12	19	2008	
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 18002					
Receipt Description CAMPAIGN OFFICE CLOSED - REFUND DUE FROM PHONE COMPANY.							

Full Name WHITELAND WOODS ASSOCIATES				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 403 W LANCASTER AVE, SUITE 101				12	23	2008	
City EXTON	State PA	Zip Code (Plus 4) 19341					
Receipt Description CAMPAIGN OFFICE CLOSED - REFUND DUE FROM LAND LORD.							

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

PAGE TOTAL
\$ 1,241.32

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>12/31/2008</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:
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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
MILNE, DUANE FRIENDS OF	From <u>1/1/2008</u> To: <u>12/31/2008</u>

DATE				AMOUNT		
To Whom Paid PHA MISTLETOE AND MAGIC (PAOLI HOSPITAL)			MO	DAY	YEAR	\$ 250.00
Mailing Address 255 W LANCASTER AVE			11	19	2008	
City PAOLI	State PA	Zip Code (Plus 4) 19301	Description of Expenditure DINNER TICKETS			
To Whom Paid SAN NICOLA			MO	DAY	YEAR	\$ 955.45
Mailing Address 4 MANOR RD			11	19	2008	
City PAOLI	State PA	Zip Code (Plus 4) 19301	Description of Expenditure DINNER - VICTORY PARTY			
To Whom Paid WHITELAND WOODS ASSOCIATES			MO	DAY	YEAR	\$ 137.47
Mailing Address 403 W LINCOLN HWY, SUITE 101			11	26	2008	
City EXTON	State PA	Zip Code (Plus 4) 19341	Description of Expenditure ELECTRIC BILL FOR CAMPAIGN OFFICE			
To Whom Paid KRAPP'S COACHES			MO	DAY	YEAR	\$ 920.00
Mailing Address 1030 ANDREW DR			11	26	2008	
City WEST CHESTER	State PA	Zip Code (Plus 4) 19380	Description of Expenditure BUS FOR TRAVEL TO HARRISBURG FOR SWEARING IN CEREMONY			
To Whom Paid DELUXE BUSINESS SYSTEMS			MO	DAY	YEAR	\$ 103.63
Mailing Address P.O. BOX 1186			12	1	2008	
City LANCASTER	State CA	Zip Code (Plus 4) 93584	Description of Expenditure BANK SUPPLIES - CHECKS AND DEPOSIT SLIPS.			

To Whom Paid U.S. POSTMASTER			MO	DAY	YEAR	
Mailing Address PAOLI PLAZA			12	16	2008	
City PAOLI	State PA	Zip Code (Plus 4) 19301	Description of Expenditure PO BOX RENTAL			\$ 58.00
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 2,424.55

