#### **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 :	on 20	006131			Rep File			CAND	ANDIDATE COMMITTEE V LOBBYIST								
Name of Filing C	ommittee, Can	didate or L	obbyist:	i	MILN	ΝE,	DUAN	IE FRIE	NDS OF				•				
Street Address:	16 FAIRVII	EW RD															
City:	PAOLI							State:	PA			Zip Cod	le: 19	9301			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY F PRIMARY	2.	30 DA PRIMA		POST-	3. <b>X</b>		AMENDMENT REPORT?		Yes	No	<b>~</b>			
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	<b>~</b>	
report type)	ANNUAL REPO	<b>RT</b> 7.	<b>Year</b> 2010					NG METH CHECK (				PAPER		$\overline{}$	DISKE	ГТЕ	
Name of Office S	ought by Cand	idate:	•					DATE	OF ELE	CTIC	ON	District Number	Office Code	Part	ty Code	County Code	
								МО								15	
REPRESENTATI	VE IN THE GEI	NERAL ASS	EMBLY					1	1	2 2010 (SEE INSTRUCTIONS FOR CO							
Summary of Expenditures		МО	DAY YE	AR			_	МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
			1 1	20	010	Т	<u> </u>		6	7	2010						
A. Amount Bro	ught Forward F	rom Last R	eport				\$			38,	923.65	5					
B. Total Moneta	ary Contributio	ns And Rec	eipts (From So	hec	dule	I)	\$				0.00	00					
C. Total Funds	Available (Sum	Of Lines A	and B)				\$			38,923.65							
D. Total Expend	ditures (From S	chedule II	I)				\$			3,2	235.00						
E. Ending Cash	Balance (Subt	ract Line D	From Line C)				\$			35,6	88.65						
F. Value Of In-	Kind Contributi	ons Receiv	ed (From Sche	dul	e II)	)	\$				0.00						
G. Unpaid Debt	s And Obligation	ons (From S	Schedule IV)				\$				0.00			1			
			А	FF)	IDA	VI	T SE	CTION									
PART I - If this is			_								_						
I swear (or affirm) correct and comple		including the	e attached sched	ules	filed	l on	paper (	or by elec	tronic m	edium	i, are to t	the best o	f my kno	wledge a	and belie	f , true	
Sworn to and subs	cribed before me day of	this	20								Signature	of Perso	n Submit	ting Rep	ort		
	Sign	ature	_				- -					Prin	ted Nam	e			
My Commission Ex	_	ature										Ema	il				
	МО	D	AY	YR					Ar	ea Co	de	Daytim	e Telepi	none Nur	nber		
Part II- If this is	a report of a c	andidate's	authorized Co	mm	itte	e, C	andida	ate shal	l sign h	ere.							
I swear (or affirm) No 320) as amende		of my knowl	edge and belief t	this	politi	ical	commi	ittee has	not viola	ited ar	ny provis	ions of th	e act of J	une 3,19	)37 (P.L.	1333,	
Sworn to and subsc		his							Signature of Candidate								
	day of						_					<b>.</b>	-1 51-				
	Signatu	re					-					Printe	d Name				
My Commission Exp	_											Ema	il				
	МО	D	AY	YR			-		Area	Code		Da	aytime T	elephon	e Numbe	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
MILNE, DUANE FRIENDS OF	From:	1/1/201	<u>0</u> To:	6/7/2010
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)	\$	0.00
			<u> </u>	
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			\$	0.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fr	om:		То	:	
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE TOTAL

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

**PAGE TOTAL \$**0.00

## 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 Filling Committee of Candidate				Reporting Period From: To:				
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
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 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 Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Su	mmary Pa	age, Sectio	n 3.			\$	0.00

### 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				Rep	orting Pe	riod				
				Fror	n:		То:			
					D	ATE			AMOUNT	
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 Pla Business	ce of		City			State		Zip C	Code (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	<b>TAL</b> 0.00

## 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AM	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T. Detailer	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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	I	
MILNE, DUANE FRIENDS OF	From:	<u>1/1/2010</u> <b>To:</b>	<u>6/7/2010</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (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,		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candid	ate		Reportin	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidat	e				Re	porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period			
MILNE, DUANE FRIENDS OF			From	1/	1/2010	То:	6/7/2010
		l		DATE			AMOUNT
To Whom Paid REPUBLICAN COMMITTEE OF	CHESTER COUNTY		мо	DAY	YEAR		
Mailing Address 15 S CHUR	RCH ST		5	4	2010	\$	1,500.00
City WEST CHESTER PA 19382				otion of Exp	penditure	3	
To Whom Paid WHITE MANOR COUNTRY CLU	МО	DAY	YEAR				
Mailing Address 831 PROVIDENCE RD				4	2010	\$	200.00
City MALVERN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19355		otion of Exp			
<b>To Whom Paid</b> PATHFINDER COMMUNICATION	DNS, LLC		МО	DAY	YEAR		
Mailing Address 603 SWED	ESFORD RD		5	5	2010	\$	1,485.00
City MALVERN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19355	<b>Descrip</b> LITERA	otion of Exp	penditure	2	
<b>To Whom Paid</b> PA STATE ASSOCIATION OF J	URY COMMISSIONERS		МО	DAY	YEAR		
Mailing Address 5145 REDWOOD DR			6	3	2010	\$	50.00
ty INDIANA State Zip Code (Plus 4) PA 15701			<b>Descrip</b> DONAT	otion of Exp	penditure	2	
							PAGE TOTAL
<b>Enter Grand Total of Exper</b>	).			•	2 225 00		

3,235.00