

# CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

| FILER IDENTIFICATION NUMBER   |                                     | REPORT FILED ON BEHALF OF  |                    | CANDIDATE  | <input checked="" type="checkbox"/> COMMITTEE | <input type="checkbox"/> LOBBYIST |                     |     |    |                     |     |      |    |    |    |  |  |     |     |      |    |   |    |  |
|---|-------------------------------------|--|--------------------|--|---|-----------------------------------|---------------------|-----|----|---------------------|-----|------|----|----|----|--|--|-----|-----|------|----|---|----|--|
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST<br><i>Michael Milburn</i> |                                     |  |                    |  |   |                                   |                     |     |    |                     |     |      |    |    |    |  |  |     |     |      |    |   |    |  |
| STREET ADDRESS<br><i>407 Hightyke Drive</i>                               |                                     |  |                    |  |   |                                   |                     |     |    |                     |     |      |    |    |    |  |  |     |     |      |    |   |    |  |
| CITY<br><i>Amble</i>  |                                     |  | STATE<br><i>PA</i> | ZIP CODE<br><i>19002 -</i>   |   |                                   |                     |     |    |                     |     |      |    |    |    |  |  |     |     |      |    |   |    |  |
| TYPE OF REPORT (CHECK ONE)  |                                     | NAME OF OFFICE SOUGHT BY CANDIDATE   |                    | DISTRICT NO.   | PARTY   |                                   |                     |     |    |                     |     |      |    |    |    |  |  |     |     |      |    |   |    |  |
| 6TH TUESDAY PRE-PRIMARY   | <input type="checkbox"/>            |  |                    |  |   |                                   |                     |     |    |                     |     |      |    |    |    |  |  |     |     |      |    |   |    |  |
| 2ND FRIDAY PRE-PRIMARY  | <input type="checkbox"/>            |  |                    |  |   |                                   |                     |     |    |                     |     |      |    |    |    |  |  |     |     |      |    |   |    |  |
| 30 DAY POST-PRIMARY   | <input type="checkbox"/>            |  |                    |  |   |                                   |                     |     |    |                     |     |      |    |    |    |  |  |     |     |      |    |   |    |  |
| 6TH TUESDAY PRE-ELECTION  | <input type="checkbox"/>            |  |                    |  |   |                                   |                     |     |    |                     |     |      |    |    |    |  |  |     |     |      |    |   |    |  |
| 2ND FRIDAY PRE-ELECTION   | <input type="checkbox"/>            |  |                    |  |   |                                   |                     |     |    |                     |     |      |    |    |    |  |  |     |     |      |    |   |    |  |
| 30 DAY POST-ELECTION  | <input checked="" type="checkbox"/> |  |                    |  |   |                                   |                     |     |    |                     |     |      |    |    |    |  |  |     |     |      |    |   |    |  |
| ANNUAL REPORT   | <input type="checkbox"/>            |  |                    |  |   |                                   |                     |     |    |                     |     |      |    |    |    |  |  |     |     |      |    |   |    |  |
|   |                                     | DATES OF REPORTING PERIOD  |                    | DATE OF ELECTION   |   |                                   |                     |     |    |                     |     |      |    |    |    |  |  |     |     |      |    |   |    |  |
|   |                                     | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>10</td><td>20</td><td>15</td></tr> </table> TO <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>11</td><td>23</td><td>15</td></tr> </table> |                    | MO.  | DAY   | YEAR                              | 10                  | 20  | 15 | MO.                 | DAY | YEAR | 11 | 23 | 15 | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>11</td><td>3</td><td>15</td></tr> </table> |  | MO. | DAY | YEAR | 11 | 3 | 15 |  |
| MO.   | DAY                                 | YEAR   |                    |  |   |                                   |                     |     |    |                     |     |      |    |    |    |  |  |     |     |      |    |   |    |  |
| 10  | 20                                  | 15   |                    |  |   |                                   |                     |     |    |                     |     |      |    |    |    |  |  |     |     |      |    |   |    |  |
| MO.   | DAY                                 | YEAR   |                    |  |   |                                   |                     |     |    |                     |     |      |    |    |    |  |  |     |     |      |    |   |    |  |
| 11  | 23                                  | 15   |                    |  |   |                                   |                     |     |    |                     |     |      |    |    |    |  |  |     |     |      |    |   |    |  |
| MO.   | DAY                                 | YEAR   |                    |  |   |                                   |                     |     |    |                     |     |      |    |    |    |  |  |     |     |      |    |   |    |  |
| 11  | 3                                   | 15   |                    |  |   |                                   |                     |     |    |                     |     |      |    |    |    |  |  |     |     |      |    |   |    |  |
|   |                                     | CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>   |                    | TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u> |   |                                   |                     |     |    |                     |     |      |    |    |    |  |  |     |     |      |    |   |    |  |
|   |                                     | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> </tr> </table>  |                    | AMENDMENT REPORT?  | YES   | NO                                | TERMINATION REPORT? | YES | NO | FOR OFFICE USE ONLY |     |      |    |    |    |  |  |     |     |      |    |   |    |  |
| AMENDMENT REPORT?   | YES                                 | NO   |                    |  |   |                                   |                     |     |    |                     |     |      |    |    |    |  |  |     |     |      |    |   |    |  |
| TERMINATION REPORT?   | YES                                 | NO   |                    |  |   |                                   |                     |     |    |                     |     |      |    |    |    |  |  |     |     |      |    |   |    |  |

## AFFIDAVIT SECTION

### PART I -

If statement is filed on behalf of a Political Committee or Candidates' Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THE STATEMENTS OF RECEIPTS AND DISBURSEMENTS ARE TRUE AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 25 DAY OF November

*Dianna Dillio*  
 Notary  
 Norristown Boro, Montgomery County  
 My Commission Expires March 16, 2016  
 MEMBER PENNSYLVANIA ASSOCIATION OF NOTARIES

\_\_\_\_\_  
 SIGNATURE OF PERSON SUBMITTING REPORT

*Michael Milburn*  
 PRINTED NAME

\_\_\_\_\_  
 AREA CODE

793-9778  
 DAYTIME TELEPHONE NUMBER

MY COMMISSION EXPIRES 3 16 2016  
 MO. DAY YR.

### PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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

\_\_\_\_\_  
 AREA CODE

\_\_\_\_\_  
 DAYTIME TELEPHONE NUMBER

MY COMMISSION EXPIRES \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.