

Commonwealth of Pennsylvania
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		FEDERAL ELECTION COMMISSION		IN STATE		<input checked="" type="checkbox"/> DOMESTIC <input type="checkbox"/> FOREIGN		LOBBYIST	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Michael Milbourne									
STREET ADDRESS 407 Highgate Drive									
CITY Ambler			STATE PA			ZIP CODE 19002			
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE Coroner				POLITICAL PARTY Dem		DATE OF ELECTION	
<input type="checkbox"/> 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		DATES OF REPORTING PERIOD		FROM: MO. DAY YEAR 11 29 15		TO: MO. DAY YEAR 12 31 15		NO. DAY YEAR 11 3 15	
		CASH BALANCE AT END OF REPORTING PERIOD: \$ 0				TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0			
		AMENDMENT REPORT?		YES		NO		<input checked="" type="checkbox"/>	
		TERMINATION REPORT?		YES		NO		<input checked="" type="checkbox"/>	

AFFIDAVIT SECTION

PART I -

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

I DEEM (OR AFFIRM) THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____.

 SIGNATURE

MY COMMISSION EXPIRES _____ NO. DAY YEAR

AREA CODE TELEPHONE NUMBER

PART II

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

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF February _____ 2015.

 SIGNATURE

MY COMMISSION EXPIRES 2 0 2016

AREA CODE TELEPHONE NUMBER

NOTICE THE SWORN
 Dianna Dill
 Norristown BORO.
 My Commission Expires March 10, 2015
 MEMBER PENNSYLVANIA ASSOCIATION OF COUNTY CLERKS

Michael Milbourne