

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		REPORT FILED ON BEHALF OF		CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE	<input type="checkbox"/> LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Michael Milbourne</i>						
STREET ADDRESS <i>407 Highgate Drive</i>						
CITY <i>Ambler</i>			STATE <i>PA</i>	ZIP CODE <i>19002</i>		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	
1. 6TH TUESDAY PRE-PRIMARY						
2. 2ND FRIDAY PRE-PRIMARY						
3. 30 DAY POST-PRIMARY						
4. 6TH TUESDAY PRE-ELECTION						
5. 2ND FRIDAY PRE-ELECTION	<input checked="" type="checkbox"/>					
6. 30 DAY POST-ELECTION						
7. ANNUAL REPORT						
		DATE OF ELECTION				
		NO. DAY YEAR				
		<i>11 3 15</i>				
		FOR OFFICE USE ONLY				
		DATES OF REPORTING PERIOD				
		NO. DAY YEAR				
		<i>6 9 15</i> TO <i>10 19 15</i>				
		CASH BALANCE AT END OF REPORTING PERIOD:		\$ <i>0</i>		
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <i>0</i>		
		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 Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DO NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THE INFORMATION CONTAINED HEREIN IS TRUE AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 22 DAY OF October

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

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

*Michael Milbourne*  
 PRINTED NAME

MY COMMISSION EXPIRES 2 16 2016  
 NO. DAY YR.

215 793-4488  
 AREA CODE DAYTIME TELEPHONE NUMBER

**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

\_\_\_\_\_  
 SIGNATURE OF CANDIDATE

MY COMMISSION EXPIRES \_\_\_\_\_ NO. DAY YR.

\_\_\_\_\_  
 PRINTED NAME

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

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