

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 Milbovine</i>																							
STREET ADDRESS <i>407 Highgate Dr</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 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT <input checked="" type="checkbox"/>		<i>Coroner</i>																					
		DATES OF REPORTING PERIOD		DATE OF ELECTION																			
		<table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>1</td><td>1</td><td>16</td></tr> </table> TO <table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>12</td><td>31</td><td>16</td></tr> </table>		MO.	DAY	YEAR	1	1	16	MO.	DAY	YEAR	12	31	16	<table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>11</td><td>8</td><td>16</td></tr> </table>		MO.	DAY	YEAR	11	8	16
MO.	DAY	YEAR																					
1	1	16																					
MO.	DAY	YEAR																					
12	31	16																					
MO.	DAY	YEAR																					
11	8	16																					
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>-6000</u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>-6000</u>		FOR OFFICE USE ONLY																			
		<table border="1"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>	RECEIVED 2017 JAN 31 PM 3:47 OFFICE OF VOTER SERVICES MONTG. CO. PA											
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 OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 20 DAY OF January

Dianna Dillio SIGNATURE
 Dianna Dillio, Notary Public
 Norristown Boro, Montgomery County
 My Commission Expires March 18, 2020
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Michael Milbovine SIGNATURE OF PERSON SUBMITTING REPORT
 Michael Milbovine PRINTED NAME
 793-4788 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

 PRINTED NAME

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR. _____ AREA CODE _____ DAYTIME TELEPHONE NUMBER _____