

CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: ▶		Report Filed By: ▶		CANDIDATE ^{1.}		COMMITTEE ^{2.}		LOBBYIST ^{3.}	
Name of Filing Committee, Candidate or Lobbyist <i>Milburn for Conne</i>									
Street Address: <i>407 Highgate Dr</i>									
City: <i>Amherst</i>					State: <i>PA</i>		Zip Code: <i>19002</i>		
TYPE OF REPORT (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO
	9TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR	<i>2016</i>		FILING METHOD () CHECK ONE ▶		PAPER	DISKETTE
Name of Office Sought by Candidate: <i>Conne</i>					DATE OF ELECTION			District Number	Office Code
					MO.	DAY	YEAR		
					<i>11</i>	<i>8</i>	<i>16</i>		
					(SEE INSTRUCTIONS FOR CODES)				
FOR OFFICE USE ONLY									
Summary of Receipts and Expenditures from: ▶			MO.	DAY	YEAR	To	MO.	DAY	YEAR
			<i>1</i>	<i>1</i>	<i>16</i>		<i>12</i>	<i>31</i>	<i>16</i>
A. Amount Brought Forward From Last Report						\$	<i>1262.00</i>		
B. Total Monetary Contributions and Receipts (From Schedule I)						\$	<i>6000.00</i>		
C. Total Funds Available (Sum of Lines A and B)						\$	<i>7262.00</i>		
D. Total Expenditures (From Schedule III)						\$	<i>6098.00</i>		
E. Ending Cash Balance (Subtract Line D from Line C)						\$	<i>1164.00</i>		
F. Value of In-Kind Contributions Received (From Schedule II)						\$	<i>0</i>		
G. Unpaid Debts and Obligations (From Schedule IV)						\$	<i>6000</i>		

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 HIGHTS, CO. PA

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this *30* day of *JANUARY*

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 THOMAS JOSEPH KOHLER, Notary Public
 Upper Merion Twp., Montgomery County
 My Commission Expires August 5, 2017

Signature of Person Submitting Report: *Dianna Dillio*
 Printed Name: *Dianna Dillio*
 Area Code: *215* Daytime Telephone Number: *290-5151*

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall 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 *30* day of *January*

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Dianna Dillio, Notary Public
 Norristown Boro., Montgomery County
 My Commission Expires March 18, 2018

Signature of Candidate: *Michael Milburn*
 Printed Name: *Michael Milburn*
 Area Code: *215* Daytime Telephone Number: *290-5151*

Department of State • Bureau of Commissions, Elections and Legislation
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Milboirn for Conner</i>	Reporting Period From <i>1/1/16</i> To <i>12/31/16</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>0</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <i>0</i>
All Other Contributions (Part B)	\$ <i>0</i>
TOTAL for the Reporting Period	(2) \$ <i>0</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <i>0</i>
All Other Contributions (Part D)	\$ <i>6000</i>
TOTAL for the Reporting Period	(3) \$ <i>6000</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ <i>0</i>

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ <i>6000</i>
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PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$

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

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 Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$

PAGE TOTAL	\$
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Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

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 over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					

PAGE TOTAL	\$
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Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

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 <i>Milburne for Casore</i>	Reporting Period From <i>1/1/16</i> To <i>12/31/16</i>
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				DATE	AMOUNT
Full Name of Contributor	MO.	DAY	YEAR		
<i>Michael Milburne</i>	<i>1</i>	<i>25</i>	<i>16</i>	\$	<i>6000</i>
Mailing Address <i>707 Hylg-H Dr</i>	MO.	DAY	YEAR	\$	
City <i>Amble</i>	MO.	DAY	YEAR	\$	
State <i>PA</i>					
Zip Code (Plus 4) <i>19002</i>					
Employer Name <i>Self employed</i>	Occupation				
Employer Mailing Address/Principal Place of Business					

Full Name of Contributor	MO.	DAY	YEAR		
				\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State					
Zip Code (Plus 4)					
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					

Full Name of Contributor	MO.	DAY	YEAR		
				\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State					
Zip Code (Plus 4)					
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					

Full Name of Contributor	MO.	DAY	YEAR		
				\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State					
Zip Code (Plus 4)					
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					

Full Name of Contributor	MO.	DAY	YEAR		
				\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State					
Zip Code (Plus 4)					
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 6000

PART E
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 Candidate	Reporting Period From _____ To _____
---------------------------------------	---

Full Name

Mailing Address

City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$
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Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$
------	-------	------------------------	-----	-----	------	--------------

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$
------	-------	------------------------	-----	-----	------	--------------

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$
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Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$
------	-------	------------------------	-----	-----	------	--------------

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$
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Receipt Description

PAGE TOTAL \$

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

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 From _____ To _____
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period	(1)	\$
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2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the Reporting Period	(2)	\$
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3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)

TOTAL for the Reporting Period	(3)	\$
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TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$
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SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL \$

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
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				DATE	AMOUNT		
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Milbourne for Governor	Reporting Period From 1/1/16 To 12/31/16
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To Whom Paid MDC	MO. 2	DAY 1	YEAR 16	Amount \$ 1000
Mailing Address 21 East Any St.		Description of Expenditure Contributor		
City Norristown	State PA	Zip Code (Plus 4) 19301		

To Whom Paid Shyned/Access	MO. 2	DAY 1	YEAR 16	Amount \$ 5000
Mailing Address 21 East Any St.		Description of Expenditure Contributor		
City Norristown	State PA	Zip Code (Plus 4) 19301		

To Whom Paid TD Bank	MO. 1	DAY 29	YEAR 16	Amount \$ 2.00
Mailing Address 502 Ridge Pike		Description of Expenditure bank statement fee		
City Cowsholmen	State PA	Zip Code (Plus 4) 19728		

To Whom Paid TD Bank	MO. 12	DAY 31	YEAR 16	Amount \$ 96.00
Mailing Address 502 Ridge Pike		Description of Expenditure 12 months bank maintenance fee		
City Cowsholmen	State PA	Zip Code (Plus 4) 19728		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) -		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. PAGE TOTAL
\$ 6098 -

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate <i>Milburn for Congress</i>	Reporting Period From <i>1/1/16</i> To <i>12/31/16</i>
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Name of Creditor <i>Michael Milburn</i>				Outstanding Balance of Debt \$ <i>6000</i>		
Mailing Address <i>407 Hazlet Drive</i>	DATE DEBT INCURRED	MO. <i>1</i>	DAY <i>25</i>	YEAR <i>16</i>		
City <i>Anson</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19002</i>				
Description of Debt <i>loan to campaign</i>						

Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						

Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						

Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						

Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						

Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ <i>6000</i>
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