#### **Campaign Finance Report**

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

Filer Identificati Number :	<b>on</b> 20	08210			Rep File			CAND	IDATE		СОМ	<b>4ITTEE</b>	<b>✓</b>	LOBB	YIST	
Name of Filing C	Committee, Can	didate or L	obbyist:	-	СОМ	1МІТ	TEE 7	TO RE E	E ELECT FRANK BURNS							
Street Address:	1654 WILL	IAM PENN	AVE													
City:	JOHNSTOW	'N						State:	PA			Zip Cod	de: 15	5909		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY F PRIMARY	PRE-	. 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	<b>~</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	<b>~</b>
report type)	ANNUAL REPO	<b>RT</b> 7. <b>X</b>	<b>Year</b> 2016					IG METH CHECK (				PAPER			DISKE	ГТЕ
Name of Office S	- Sought by Candi	date:						DATE (	OF ELE	CTIC	N	District Number	Office Code	Part	y Code	County Code
								МО	DAY	YI	AR	72	STH	DEM		11
REPRESENTATI	VE IN THE GEN	IERAL ASS	SEMBLY					1:	L	8	2016		(SEE IN	STRUCTIO	NS FOR C	ODES)
Summary of		МО	DAY Y	EAR				МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	s from:		11 29	20	016	Т	0	1:	2	31 2016						
A. Amount Bro	ught Forward F	rom Last R	leport				\$			47,6	612.24					
B. Total Moneta	ary Contribution	ns And Rec	eipts (From Se	che	dule	I)	\$				1.86	6				
C. Total Funds	Available (Sum	Of Lines A	and B)				\$			47,6	514.10					
D. Total Expend	ditures (From S	chedule II	I)				\$			4,0	008.72					
E. Ending Cash	Balance (Subtr	act Line D	From Line C)				\$			43,6	05.38					
F. Value Of In-	Kind Contributi	ons Receiv	ed (From Sche	edul	e II)	)	\$				0.00					
G. Unpaid Debt	s And Obligation	ns (From S	Schedule IV)				\$			5	00.00			•		
			Д	\FF	IDA	VI	T SE	CTION								
PART I - If this is	s a Committee r	eport, trea	surer sign hei	re. I	f thi	is is	a Can	ndidate ı	eport,	candi	date sig	ın here.				
I swear (or affirm) correct and comple		ncluding th	e attached sched	lules	filed	d on	paper o	or by elec	tronic m	edium	, are to t	he best o	f my kno	wledge a	nd belie	f , true
Sworn to and subs	cribed before me day of	this	20							S	Signature	of Perso	n Submit	ting Rep	ort	
	Sign	ature					- -					Prin	ted Name	e		
My Commission Ex	_											Ema	il			
	мо	D	AY	YR					Ar	ea Cod	le	Daytim	e Telepi	none Nur	nber	
Part II- If this is	a report of a c	andidate's	authorized Co	mm	itte	e, C	andida	ate shal	sign h	ere.						
I swear (or affirm) No 320) as amende		of my knowl	edge and belief	this	politi	ical	commi	ittee has	not viola	ted an	y provis	ions of the	e act of J	une 3,19	37 (P.L.	1333,
Sworn to and subsc		nis									S	ignature o	of Candid	ate		
	day of						_					Drint	d Name			
	Signatu	re					-					riiite	.u 14a1116			
My Commission Exp	_	· <del>-</del>										Ema	il			
	мо	D	AY	YR			-		Area	Code		Da	aytime T	elephon	e Numbe	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
COMMITTEE TO RE ELECT FRANK BURNS	From:	11/29/201	<u>l6</u> To:	12/31/2016
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	) Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	y Period	(4)	\$	1.86
			T	
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	1.86

#### **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 Cand	idate	1	Reporting	Period			
			From:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Committee	ee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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)

			D.					
Name of Filing Committee or Candi	date			oorting P	егіоа			
			Fro	m:		To	):	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	)					
								PAGE TOTAL

Enter Grand Total of Part A 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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting	Period					
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							<b>-</b>   \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	age, Sectio	n 3.			\$	(	0.00

### 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	2			Rep	orting Pe	riod			
				Fron	n:		To	<b>)</b> :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	s 4)					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary Page,	Section	on 3.				PAGE TOTAL
								\$	0.00

## 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 Pe	eriod	
COMMITTEE TO RE ELECT FRANK BURNS	From:	11/29/2016 <b>To:</b>	12/31/2016

			D	ATE		AMOUNT	
Full Name			МО	DAY	VEAD		1.06
SLOVENIAN SAVINGS & LOAN			МО	DAY	YEAR	\$	1.86
Mailing Address 357 FIRST ST			12	15	2016		
City CONEMAUGH	State	Zip Code (Plus 4)					
	PA	15909					
Receipt Description INTEREST INCO	ME						

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

**PAGE TOTAL \$**1.86

#### **SCHEDULE II**

#### **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 Peri	od	
COMMITTEE TO RE ELECT FRANK BURNS	From:	<u>11/29/2016</u> <b>To:</b>	<u>12/31/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Car						Reporting Period					
			From:		To	То:					
				DATE			AMOUNT				
Full Name of Contributor			МО	DAY	YEAR						
Mailing Address						<b>7</b> \$		0.00			
City	State	Zip Code (Plus 4)									
Description of Contribution:	•		•	•		•					
					-						
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	ımary Pa	ge,		PAGE TOTAL	•			
Section 2.						\$	(	0.00			

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Rep	porting	Period			
				Fro	m:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

PAGE TOTAL

4,008.72

\$

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporti	ng Period			
COMMITTEE TO RE ELECT FRAN	NK BURNS		From	12/31/2016			
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
CPEC							
Mailing Address 4903 WYOM	ING AVE		11	29	2016	\$	3,994.00
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17109	PHONE	POLL			
To Whom Paid			мо	DAY	YEAR		
POST MASTER			140		ILAK		
Mailing Address 111 FRANKL	IN ST		12	7	2016	\$	14.72
City JOHNSTOWN State Zip Code (Plus 4)				tion of Exp	enditure		
	PA	159019998	REPORT	Γ MAILING			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

## 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			Reporting Period						
COMMITTEE TO RE ELECT FRANK BURNS Fr			From:	<u>11/29/2016</u> <b>To:</b>			12/31/2016		
				DATE				Outstanding Balance of Debt	
Name of Creditor FRANK BURNS				мо	DAY	YEAR			
Mailing Address 1654 WILLIAM PENN AVE				2	10	2015	\$	500.00	
City JOHNSTOWN	y JOHNSTOWN State Zip Code (Plus 4)			Description of Debt					
PA 15909					LOAN TO COMMITTEE				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.								PAGE TOTAL	
							\$	500.00	