

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 : 2008210		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: COMMITTEE TO RE ELECT FRANK BURNS								
Street Address: 1654 WILLIAM PENN AVE								
City: JOHNSTOWN				State: PA		Zip Code: 15909		
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. <input checked="" type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2018	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE <input type="checkbox"/>
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY				MO DAY YEAR			72	STH
				11 6 2018			DEM 11	
							(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		FOR OFFICE USE ONLY	
		1	1	2018	3 26 2018			
A. Amount Brought Forward From Last Report				\$ 52,797.09				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 6.44				
C. Total Funds Available (Sum Of Lines A and B)				\$ 52,803.53				
D. Total Expenditures (From Schedule III)				\$ 475.26				
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 52,328.27				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$ 0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$ 500.00				

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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

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

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
COMMITTEE TO RE ELECT FRANK BURNS	From: <u>1/1/2018</u> To: <u>3/26/2018</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting 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 Period (3)	\$ 0.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 6.44

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 Page1, Report Cover Page, Item B.)	\$ 6.44
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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		
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL	
\$	0.00

PART B
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:
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DATE				AMOUNT
Full Name of Contributor	MO	DAY	YEAR	<div style="text-align: right;">\$ 0.00</div>
Mailing Address				
City State Zip Code (Plus 4)				

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

PAGE TOTAL
\$ 0.00

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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$	0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL
\$ 0.00

PART D
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	Reporting Period
	From: To:

			DATE	AMOUNT
Full Name of Contributor			MO	DAY
Mailing Address			YEAR	\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name			Occupation	
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)	

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

PAGE TOTAL
\$ 0.00

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 COMMITTEE TO RE ELECT FRANK BURNS	Reporting Period From: <u>1/1/2018</u> To: <u>3/26/2018</u>
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				DATE			AMOUNT	
Full Name				MO	DAY	YEAR	\$	2.11
SLOVENIAN SAVINGS & LOAN								
Mailing Address								
City		State		Zip Code (Plus 4)				
CONEMAUGH		PA		15909				
Receipt Description INTEREST INCOME								

Full Name				MO	DAY	YEAR	\$
SLOVENIAN SAVINGS & LOAN							2.28
Mailing Address				2	15	2018	
City	CONEMAUGH	State	PA	Zip Code (Plus 4)	15909		
Receipt Description INTEREST INCOME							

Full Name				MO	DAY	YEAR	\$
SLOVENIAN SAVINGS & LOAN							2.05
Mailing Address				3	15	2018	
City	CONEMAUGH	State	PA	Zip Code (Plus 4)	15909		
Receipt Description INTEREST INCOME							

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

PAGE TOTAL
\$ 6.44

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 Period	
COMMITTEE TO RE ELECT FRANK BURNS		From: <u>1/1/2018</u> To: <u>3/26/2018</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	0.00

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:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
COMMITTEE TO RE ELECT FRANK BURNS	From <u>1/1/2018</u> To: <u>3/26/2018</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
FRANK BURNS				
Mailing Address 1654 WM PENN AVE	12	22	2017	\$ 359.60
City JOHNSTOWN	State PA	Zip Code (Plus 4) 15909	Description of Expenditure BREAKFAST FUNDRAISER REIMBURSEMENT	
To Whom Paid	MO	DAY	YEAR	
POST MASTER				
Mailing Address 111 FRANKLIN ST.	1	29	2018	\$ 15.66
City JOHNSTOWN	State PA	Zip Code (Plus 4) 15909	Description of Expenditure POSTAGE REPORT FILING	
To Whom Paid	MO	DAY	YEAR	
CASH/HOUSE DEMOCRATIC CAMPAIGN COMMITTEE				
Mailing Address	2	27	2018	\$ 100.00
City	State	Zip Code (Plus 4)	Description of Expenditure CASHIERS CHECK PETITION FILING	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 475.26

SCHEDULE IV

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 COMMITTEE TO RE ELECT FRANK BURNS	Reporting Period From: <u>1/1/2018</u> To: <u>3/26/2018</u>
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				DATE			Outstanding Balance of Debt
Name of Creditor				MO	DAY	YEAR	\$ 500.00
FRANK BURNS							
Mailing Address				2	10	2015	
1654 WILLIAM PENN AVE							
City	State	Zip Code (Plus 4)	Description of Debt				
JOHNSTOWN	PA	15909	LOAN TO COMMITTEE				

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ 500.00
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