# **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			Repor Filed B		CANDI	DATE		СОМІ	MITTEE	$\checkmark$	LOB	BYIST	
Name of Filing C	Committee, Cano	lidate or L	obbvist:				L TO RE EL	ECT FR	ANK	BURN	S				
Street Address:	1654 WILL		-								-				
City:	JOHNSTOW	/N					State:	PA			Zip Co	<b>de:</b> 15	909		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE-	- 2.	30 DA PRIMA		POST-	3.	AMENDMENT REPORT?			Yes	V No	þ
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	AY PRE	- 5.	30 DA ELEC		POST- 6. <b>X</b>		TERMINATION REPORT?		Yes	No	) 🔨	
report type)	ANNUAL REPO	<b>RT</b> 7.	<b>Year</b> 2018	3		FILING METHOD P ( ) CHECK ONE					PAPER		$\checkmark$	DISKI	TTE
Name of Office S	L Sought by Candi	date:					DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
REPRESENTATI							мо	DAY	YE	AR	72	STH	DEI	м	11
REPRESENTATI	VE IN THE GEN	IERAL ASS	DEMIDLY				11		6	2018		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY	
Expenditures	from:		10 23	3 20	018 <b>T</b>	0	11	2	26	2018					
A. Amount Bro	ught Forward F	rom Last F	Report			\$			83,1	.55.69					
B. Total Monet	B. Total Monetary Contributions And Receipts (From Schedule I							3,503.75							
C. Total Funds Available (Sum Of Lines A and B)						\$			86,6	59.44					
D. Total Expenditures (From Schedule III)						\$			1,4	64.24					
E. Ending Cash	Balance (Subtr	act Line D	From Line	C)		\$			85,1	95.20	-				
F. Value Of In-	Kind Contribution	ons Receiv	ved (From S	Schedu	le II)	\$				0.00					
G. Unpaid Debt	ts And Obligatio	ns (From	Schedule I	V)		\$			5	00.00					
				AFF	IDAVI	T SE	CTION								
PART I - If this is			-							-	-				
I swear (or affirm) correct and comple		including th	e attached so	chedules	s filed on	paper	or by elect	ronic me	edium,	are to f	the best o	of my know	vledge	and bel	ief , true
Sworn to and subs	cribed before me day of	this	20						s	ignature	e of Perso	n Submitt	ing Rej	port	
	Sign	ature				_					Prin	ted Name			
My Commission Ex	cpires					_					Ema	il			
	МО	D	ΑΥ	YR				Are	ea Cod	e	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a ca	andidate's	authorized	d Comm	nittee, C	andid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende		of my knowl	edge and be	lief this	political	comm	ittee has n	ot violat	ed an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.	. 1333,
Sworn to and subso	ribed before me tl day of	nis	20							s	ignature	of Candida	ite		
						_					Printe	ed Name			
My Commission Exp	Signatu vires	re				-					Ema	il			
	мо	D	AY	YR		-		Area	Code		D	aytime Te	elephor	ne Numl	)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:	<u>10/23/201</u>	<u>.8</u> To:	<u>11/26/2018</u>		
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor						
TOTAL for the Reportin	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 Reportin	TOTAL for the Reporting Period (2)					
3. Contributions Received Over \$250.00 (From Part C and Part D)						
Contributions Received From Political Committees (Part C)			\$	3,500.00		
All Other Contributions (Part D)			\$	0.00		
TOTAL for the Reportin	g Period	(3)	\$	3,500.00		
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)						
TOTAL for the Reportin	g Period	(4)	\$	3.75		
Total Monetary Contributions and Receipts During this Reporting Period (Add a totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa		\$	3,503.75			

# 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 Candidat	e		Reporting Period					
				From: To:				
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	4)					
								PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.						\$	0.00	

Use this Part to it	emize all othe 50.01 to \$250.	1 TO \$250.00 r contribution 00 in the repo	s wi	ith an ng per	aggreg iod.			rom
Name of Filing Committee or Candidate Reporting Period								
			Froi	m:		Тс	):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address		-					\$	0.00
City	City State Zip Code (Plus 4)							
								PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	0.00

### PAGE 5

# 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	g Period				
COMMITTEE TO RE ELECT FRANK BURN	S		From:	<u>10/2</u>	3/2018	То:	<u>11/26/2018</u>	
				DA	TE	AMOUNT		
Full Name of Contributing Committee PSEA PACE				мо	DAY	YEAR	\$	3,500.00
Mailing Address 400 NORTH THIRD S	T. P.O. BOX 1724			11	5	2018		- <b>,</b>
City HARRISBURG	<b>State</b> PA	<b>Zip Cod</b> 171051	<b>e (Plus 4)</b> .724					
								PAGE TOTAL
inter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.						\$	3,500.00	

## 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			Rep	orting Pe	riod			
			Froi	From:			То:	
				D	ATE		АМ	IOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Plus 4)						
Employer Name				Occupation				
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.					P#	<b>AGE TOTAL</b> 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 Candid	ate		Report	ing Perio	d			
COMMITTEE TO RE ELECT FRANK B	COMMITTEE TO RE ELECT FRANK BURNS From:				10/23/201	<u>11/26/2018</u>		
				D	ATE			AMOUNT
Full Name SLOVENIAN SAVINGS & LOAN				мо	DAY	YEAR	\$	3.75
Mailing Address 361 FIRST ST.				11	15	2018		
City CONEMAUGH	State	Zip Code (	Plus 4)		15			
	PA	15909						
Receipt Description INTEREST IN	NCOME	•		1		1		
				-		[		PAGE TOTAL
Enter Grand Total of Part E on Sch	iedule I, Detailed	I Summary Page,	Section	4.			\$	3.75

### 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>10/23/2018</u> <b>To:</b>	<u>11/26/2018</u>					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1	.) \$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)								
TOTAL for the Reporting Pe	eriod (2	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, 3		er \$	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:			То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						<b> </b> \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•	-	- <b>!</b>					
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind C	Contributions Deta	iled Sum	mary Pag	ie,		PAGE TOTAL	
						\$	(	0.00

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

Name of Filing Committee or Candidate			Rep	porting I	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				Occupa	ation		
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			<b>PAGE TOTAL</b> 0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period				
COMMITTEE TO RE ELECT FRANK BURN	NS		From	<u>10/23</u>	<u>3/2018</u>	То:	<u>11/26/2018</u>	
				DATE			AMOUNT	
To Whom Paid			мо	DAY	YEAR			
MAINLINE NEWSPAPER								
Mailing Address P.O. BOX 777			10	23	2018	\$	877.00	
City EBENSBURG	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	15931	ADVERT	TISEMENTS	5			
To Whom Paid POST MASTER				DAY	YEAR			
Mailing Address 111 FRANKLIN ST			10	25	2018	\$	15.24	
City JOHNSTOWN State Zip Code (Plus 4)			Descrip	tion of Exp	enditure			
	PA	15901	FINANC	E REPORT	MAILING	ì		
To Whom Paid TRIBUNE DEMOCRAT			мо	DAY	YEAR			
Mailing Address 425 LOCUST ST. P.C	). BOX 340		10	26	2018	\$	550.00	
City JOHNSTOWN	State	Zip Code (Plus 4)	Descrip	L tion of Exp	enditure			
	PA	15907	ADVERT	TISEMENTS	5			
To Whom Paid SLOVENIAN SAVINGS & amp; LOAN			мо	DAY	YEAR			
Mailing Address 357 FIRST ST.			11	7	2018	\$	22.00	
City CONEMAUGH	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure	I		
	PA	15909	RE ORD	ERED CHE	CKS			
							PAGE TOTAL	
Enter Grand Total of Expenditures of	on Page 1, Report C	over Page, Item D	).			\$	1,464.24	

### 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			Reporti	ng Period		Reporting Period				
COMMITTEE TO RE ELECT FRANK BURN	COMMITTEE TO RE ELECT FRANK BURNS			<u>10</u>	<u>/23/2018</u>	То:	<u>1:</u>	<u>1/26/2018</u>		
					DATE			standing ance of Debt		
Name of Creditor FRANK BURNS					DAY	YEAR				
Mailing Address 1654 WILLIAM PENN	N AVE						\$	500.00		
City JOHNSTOWN	State	Zip Code (P	Plus 4)	Descript	tion of Deb	t				
	РА	15909		LOAN TO	о сомміт	TEE				
								PAGE TOTAL		
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.					\$	500.00				