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 :	on 20	20C1171				port ed B		CAN	IDI	DATE	√	cc	MMITTE		LOB	BYIST		
Name of Filing C	Committee, Cand	idate or L	obbyist:		BUR	RMAI	N, BR	ETT W	1									
Street Address:																		
City:	_							State	:				Zip Cod	e: 19	073			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	-	2.	30 DA		Р	OST-	3. X		AMENDMI REPORT?	ENT	Yes		No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA		E-	5.	30 DA		Р	OST-	6.		TERMINA REPORT?	TION	Yes	Ī	No	\
report type)	ANNUAL REPOR	tT 7.	Year 2020)				CHECK					PAPER		\	DIS	ETTE	
Name of Office S	ought by Candi	date:			•			DATE	E OI	F ELE	CTI	ON	District Number	Office Code	Pai	ty Cod	le Cou	
CENATOD IN T	HE GENERAL AS	CEMBIV						МО		DAY	Y	EAR	9	STS	DEI	М	23	
JENATOR IN TI	IL GLINLKAL AS	SLMBLI							11		3	2020		(SEE IN	STRUCTI	ONS FO	R CODES	5)
Summary of Expenditures	Receipts and	МО	DAY	YEAF	₹		_	МО		DAY	Y	'EAR	FOI	ROFFI	CE USE	ONL	Y	
			5 19	9 2	020	Т	0		6	:	22	2020						
A. Amount Bro	ught Forward Fr	om Last R	eport				\$				(8	305.51)						
B. Total Moneta	ary Contribution	s And Rec	eipts (Fro	m Sche	dule	i)	\$					0.00						
C. Total Funds	Available (Sum	Of Lines A	and B)				\$				(8	305.51)						
D. Total Expend	ditures (From Se	:hedule II	I)				\$				16,	425.00						
E. Ending Cash	Balance (Subtra	act Line D	From Line	C)			\$			(17,2	30.51)	-					
F. Value Of In-	Kind Contributio	ns Receiv	ed (From S	Schedu	le II	[)	\$					0.00						
G. Unpaid Debt	s And Obligation	ns (From S	Schedule I	V)			\$					0.00						
				AFF	-ID/	٩VI	T SE	CTIO	N									
PART I - If this is		• /	-							•		_						
I swear (or affirm) correct and comple		ncluding the	e attached s	chedule	s file	d on	paper	or by el	lectr	onic m	ediun	n, are to t	the best of	my kno	wledge	and be	elief , tı	rue
Sworn to and subs	cribed before me t day of	his	20									Signature	of Person	Submit	ting Re	ort		_
	Signa	nture					- -						Print	ed Name	•			_
My Commission Ex	cpires						_		-				Email					
	МО	D	AY	YR						Are	ea Co	de	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorize	d Comr	nitte	e, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		f my knowl	edge and be	lief this	s poli	tical	comm	ittee ha	as no	ot viola	ted a	ny provis	ions of the	act of J	une 3,1	937 (P	.L. 133	3,
Sworn to and subsc	ribed before me th day of	is	20									s	ignature of	Candid	ate			- $ $
			_ 20				-						Printed	l Name				-
My Commission Exp	Signatur	e					-		-				Email					-
, ссолоп Ехр							_											_
	МО	D	AY	YF	ł					Area	Code		Da	ytime T	elephor	ne Nun	ıber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
BURMAN, BRETT W	From:	<u>5/19/2</u>	<u>020</u> To:	6/22/2020
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	g 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	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

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 Candida	e	R	eporting	Period			
		F	rom:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing Committee			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.

0.00

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 Committe	e or Candidate		Rep	orting P	eriod			
			Fror	m:		To):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
					•	•		PAGE TOTAL

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 Cai	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00
Mailing Address							- \$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detaile	d Summary Pa	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			
				Fror	n:		To) :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address								7	
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		Report	ing Peri	od			
			From:			To:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Count Total of Dout	Fan Cahadula I Datailad	I Commence Dance C	` !	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	4.			\$	0.00

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 Perio	d	
BURMAN, BRETT W	From:	<u>5/19/2020</u> To:	<u>6/22/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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	ndidate		Reporting Period					
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$	C	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 Sum	mary 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				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporti	ng Period			
BURMAN, BRETT W			From	<u>5/19</u>	9/2020	То:	6/22/2020
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Friends of Brett Burman							
Mailing Address PO Box 330			5	27	2020	\$	25.00
City Gradyville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19039	Contrib	ution made	9		
To Whom Paid			МО	DAY	YEAR		
Friends of Brett Burman							
Mailing Address PO Box 330			5	29	2020	\$	400.00
City Gradyville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19039	Contrib	ution made	9		
To Whom Paid			МО	DAY	YEAR		
Friends of Brett Burman					1 = 2 \		
Mailing Address PO Box 330			6	3	2020	\$	6,000.00
City Gradyville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	19039	Contrib	ution made	9		
To Whom Paid			МО	DAY	YEAR		
Friends of Brett Burman							
Mailing Address PO Box 330			6	3	2020	\$	10,000.00
City Gradyville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	

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

PAGE TOTAL

\$ 16,425.00

Loan from candidate to campaign

PA