### **Campaign Finance Report**

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

Filer Identification	on	20220	C0944				eport led B		CAND	ANDIDATE COMMITTEE LOBBYIST								
Name of Filing C	ommittee, C	andida	ite or Lo	obbyist:		FR/	ANK	BURN:	S									
Street Address:																		
City:									State:				Zip Code	159	909			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRIMARY	/ PRE	-	2.	30 DA PRIMA		POST-	3. <b>X</b>		AMENDME REPORT?	NT	Yes	No		<b>/</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDAY PRE- 5. 30 DAY PORTION ELECTION					POST-	6.		TERMINAT REPORT?	ION	Yes	No		<b>/</b>	
report type)	ANNUAL REF	PORT	7.	<b>Year</b> 2022					IG METH CHECK C				PAPER		<b>\</b>	DISKE	TTE	
Name of Office S	ought by Ca	ndidat	:e:						DATE (	OF ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
									мо	DAY	YEAR	ł	72	STH	DEN	1	-	
REPRESENTATI	VE IN THE G	SENERA	AL ASS	EMBLY					11		8 2	022		(SEE INS	TRUCTI	ONS FOR C	CODES)	
Summary of I		nd	МО	DAY	YEAR	Ł			МО	DAY	YEAR	2	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			5 3	2	022	2 <b>T</b>	О.	6	5	6 2	022						
A. Amount Bro	ught Forward	d From	Last R	eport				\$			C	0.00						
B. Total Moneta	ary Contribut	tions A	nd Rec	eipts (From	Sche	dul	e I)	\$			C	0.00	]					
C. Total Funds	Available (Sı	um Of	Lines A	and B)		_		\$			C	0.00						
D. Total Expend	ditures (Fron	n Sche	dule II	τ)				\$			0	.00						
E. Ending Cash	Balance (Su	btract	Line D	From Line C	2)			\$			(7,986.	20)						
F. Value Of In-l	Kind Contrib	utions	Receive	ed (From Sc	:hedu	le I	Ι)	\$			0	.00						
G. Unpaid Debt	s And Obliga	ations (	(From S	ichedule IV)	)			\$			0	.00		1				
					AFF	ID	AVI	T SE	CTION									
PART I - If this is	a Committe	e repo	rt, trea	surer sign h	iere. I	If th	his is	a Can	ndidate r	eport,	candidat	e sig	ın here.					
I swear (or affirm) correct and comple		rt, inclu	ıding the	attached sch	edules	s file	ed on	paper o	or by elec	tronic m	edium, ar	e to t	he best of i	my know	/ledge	and belie	ef , tru	ıe
Sworn to and subs	cribed before n	me this		20							Sign	ature	of Person	Submitti	ing Rep	ort		-
		Signature	<u> </u>					- -					Printe	d Name				-1
My Commission Ex		Ignaca.											Email					-
	мо		D#	AY	YR					Ar	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of a	a candi	idate's	authorized	Comr	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		est of m	y knowle	dge and belie	ef this	; poli	itical	commi	ittee has i	not viola	ted any p	rovis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		ne this										s	ignature of	Candida	te			-
	day of							-					Printed	Name				-
	Sign	nature				_		-										_
My Commission Exp	ires												Email					
		мо	D/	AY	YR			-		Area	Code		Day	time Te	lephon	e Numb	er	۱ ٔ

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

### **Detailed Summary Page**

Name of Filing Committee or Candidate	Reporting	Period		
FRANK BURNS	From:	5/3/202	<u>2</u> To:	6/6/2022
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)	\$	0.00
			Ι	
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 Page			\$	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	Name of Filing Committee or Candidate			Reporting Period						
				From:		То	:			
			<b>'</b>		DATE			AMOUNT		
Full Name of Contributing (	Committee			МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	S	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

### **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.

(EXCID	ue contributions noi	in pontical comm	iiiii	es re <sub>l</sub>	porteu	III Pait	Α)			
Name of Filing Committee or Candidate Reporting Period										
		From: To				<b>)</b> :				
		•			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	me of Filing Committee or Candidate		Reporting Period						
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							<b>-</b>   \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOT	AL
Enter Grand Total of Part C on School	dule I, Detailed Sun	nmary 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	Name of Filing Committee or Candidate				Reporting Period					
					From:			То:		
					D	ATE	AMOUNT			
Full Name of Contributor					мо	DAY	YEAR	\$	0.00	
Mailing Address								7		
City	State	Zi	p Code (Plus	s <b>4</b> )						
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:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>						<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	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 Period		
FRANK BURNS	From:	<u>5/3/2022</u> <b>To:</b>	<u>6/6/2022</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 Cand	lame of Filing Committee or Candidate			Reporting Period					
F			From:			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 on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	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	ame of Filing Committee or Candidate				orting	Period				
						From:				
						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	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Sch	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Det Summary Page, Section 3.										0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period				
	From			То:				
		DATE		AMOUNT				
To Whom Paid	мо	DAY	YEAR					
Mailing Address						\$	0.00	
City	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	
Lines Grand Total Of Expenditures C	ni rage 1, keport C	over rage, Item L	<b>,</b> .			\$	0.00	