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	2022	C0944				port ed B		CANDI	DATE	√	co	MMITTEE		LOBE	SYIST		
Name of Filing C	Committee	e, Candid	ate or L	obbyist:		FRA	NK I	BURN	S			•						
Street Address:																		
City:	_								State:				Zip Code	e: 15	909			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDAY PRIMARY	/ PRE-	-	2.	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	~	
(place X to the right of	6TH TUES PRE-ELEC		4. X	2ND FRIDAY ELECTION	/ PRE	-	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	TION	Yes	No	\	
report type)	ANNUAL	REPORT	7.	Year 2022					IG METHO				PAPER		<	DISKE	TTE	
Name of Office S	- Sought by	Candidat	te:	-		_			DATE 0	F ELE	CTIO	V	District Number	Office Code	Par	ty Code	County	
									мо	DAY	YE	AR	72	STH	DEM	1		
REPRESENTATI	VE IN IH	E GENER	AL ASS	EMBLY					11		8	2022		(SEE INS	STRUCTIO	ONS FOR (CODES)	
Summary of		and	МО	DAY	YEAR	1			МО	DAY	YE	AR	FOR	OFFIC	E USE	ONLY		
Expenditures	s trom:			6 7	2	022	Т	0	9		19	2022						
A. Amount Bro	ught Forw	vard Fron	n Last R	eport				\$				0.00						
B. Total Moneta	ary Contri	ibutions /	And Rec	eipts (From	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00						
D. Total Expend	ditures (F	rom Sche	edule II	I)				\$				0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line C	:)			\$			(7,98	6.20)						
F. Value Of In-	Kind Cont	ributions	Receiv	ed (From Sc	hedu	le II	[)	\$				0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	chedule IV)			\$				0.00			•			
					AFF	ID/	٩VI	T SE	CTION									
PART I - If this is		-	•															
I swear (or affirm) correct and comple		eport, incl	uding the	attached sch	edules	file	d on	paper o	or by elect	ronic m	edium,	are to t	the best of	my knov	vledge a	and belie	ef , true	
Sworn to and subs	cribed befo	ore me this	;	20							Si	gnature	e of Person	Submitt	ing Rep	ort		
		Signatu	re					-					Printe	d Name	1			
My Commission Ex	cpires												Email					
	İ	мо	D	AY	YR					Ar	ea Code	•	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		e best of n	ny knowle	edge and belie	ef this	polit	tical	commi	ittee has n	ot viola	ted any	provis	ions of the	act of Ju	ıne 3,19	937 (P.L	. 1333,	
Sworn to and subsc	ribed befor	e me this										s	ignature of	Candida	ate			
	day of			_ 20				_					Drints -	Name				
	9	Signature						-					Printed	мате				
My Commission Exp													Email	_	_			
	_	мо	D	AY	YR			•		Area	Code		Day	time Te	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	J Period		
FRANK BURNS	From:	<u>6/7/202</u>	<u>2</u> To:	9/19/2022
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
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			\$	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	e or Candidate			Reporting	Period			
				From:		То	:	
			'		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.

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.

From: To: DATE Full Name of Contributor MO DAY YEAR Mailing Address City State Zip Code (Plus 4)	DATE AMOUNT MO DAY YEAR \$ 0.00	Name of Filing Commit	tee or Candidate		Report	ng F	Period			
Full Name of Contributor MO DAY YEAR Mailing Address \$	MO DAY YEAR \$ 0.00 State Zip Code (Plus 4)				From:			To	o:	
Mailing Address \$	\$ 0.00 State Zip Code (Plus 4)						DATE			AMOUNT
	State Zip Code (Plus 4)	Full Name of Contributor			м	0	DAY	YEAR		
City State Zip Code (Plus 4)		Mailing Address							\$	0.00
	PAGE TOTAL	City	State	Zip Code (Plus 4)						

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		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	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			Rep	orting Pe	riod			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							1	
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	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:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				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>6/7/2022</u> To:	9/19/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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 Candidate			Reporting	g Period				
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				 		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•	•		•		
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	orting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address				-				*		
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 Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng 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 Crand Total of Evnanditures	on Dogg 1 Donowh (Cover Dage Item F					PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, Report C	Lover Faye, Item L	, .			\$	0.00