

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. | 2ND FRIDAY PRE-PRIMARY | 2.X | 30 DAY PRIMARY | POST- | 3. | AMENDMENT REPORT? | Yes | No | <input checked="" type="checkbox"/> | |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY ELECTION | POST- | 6. | TERMINATION REPORT? | Yes | No | <input checked="" type="checkbox"/> | |
| | ANNUAL REPORT | 7. | Year 2024 | FILING METHOD () CHECK ONE | | | PAPER <input checked="" type="checkbox"/> | | DISKETTE | | | |
| Name of Office Sought by Candidate: | | | | | | DATE OF ELECTION | | | District Number | Office Code | Party Code | County Code |
| | | | | | | MO | DAY | YEAR | DEM 11 | | | |
| | | | | | | 11 | 5 | 2024 | (SEE INSTRUCTIONS FOR CODES) | | | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY | YEAR | FOR OFFICE USE ONLY | | | |
| | | 3 | 5 | 2024 | | 4 | 8 | 2024 | | | | |
| A. Amount Brought Forward From Last Report | | | | | \$ 55,236.64 | | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | \$ 34,377.81 | | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | \$ 89,614.45 | | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | \$ 41,652.18 | | | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | \$ 47,962.27 | | | | | | | |
| 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>3/5/2024</u> To: <u>4/8/2024</u> |

| | |
|--|----------|
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | |
| TOTAL for the Reporting Period (1) | \$ 25.00 |

| | |
|--|-----------|
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | |
| Contributions Received From Political Committees (Part A) | \$ 200.00 |
| All Other Contributions (Part B) | \$ 350.00 |
| TOTAL for the Reporting Period (2) | \$ 550.00 |

| | |
|---|--------------|
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | |
| Contributions Received From Political Committees (Part C) | \$ 33,300.00 |
| All Other Contributions (Part D) | \$ 500.00 |
| TOTAL for the Reporting Period (3) | \$ 33,800.00 |

| | |
|--|---------|
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) | |
| TOTAL for the Reporting Period (4) | \$ 2.81 |

| | |
|---|--------------|
| 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.) | \$ 34,377.81 |
|---|--------------|

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 COMMITTEE TO RE ELECT FRANK BURNS | Reporting Period From: <u>3/5/2024</u> To: <u>4/8/2024</u> |
| DATE AMOUNT | |

| | | | | | | |
|--|--------------------|---------------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributing Committee SCHOOL NURSE PAC | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 422 CENTER STREET | | | 3 | 25 | 2024 | |
| City HYDE PARK | State PA | Zip Code (Plus 4) 156419705 | | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributing Committee PENN HY PAC | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 152 E VINE ST. | | | 3 | 25 | 2024 | |
| City HATFIELD | State PA | Zip Code (Plus 4) 19440 | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 200.00 |

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 COMMITTEE TO RE ELECT FRANK BURNS | Reporting Period From: <u>3/5/2024</u> To: <u>4/8/2024</u> |
|---|--|

| DATE | AMOUNT |
|------|--------|
|------|--------|

| | | | | | | |
|---|--------------------|---------------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributor PATRICIA MORGRET FYOCK | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 315 ORCHARD STREET | | | 3 | 14 | 2024 | |
| City JOHNSTOWN | State PA | Zip Code (Plus 4) 159052731 | | | | |

| | | | | | | |
|---|--------------------|---------------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributor KATHLEEN C DOUGHERTY | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 1006 HILLVIEW LANE | | | 3 | 27 | 2024 | |
| City HERSHEY | State PA | Zip Code (Plus 4) 170332226 | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 350.00 |

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 COMMITTEE TO RE ELECT FRANK BURNS | Reporting Period From: <u>3/5/2024</u> To: <u>4/8/2024</u> |
|---|--|

| | | | | DATE | AMOUNT | | |
|--|----------|-----------------------------|--|------|--------|------|-------------|
| Full Name of Contributing Committee CERTIFIED PUBLIC ACCOUNTANTS PAC | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 500 N. 3RD STREET SUITE 600A | | | | 3 | 6 | 2024 | |
| City NORRISBURG | State PA | Zip Code (Plus 4) 17101 | | | | | |
| Full Name of Contributing Committee PA REALTORS PAC | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 500 N 12TH ST. | | | | 3 | 6 | 2024 | |
| City LEMOYNE | State PA | Zip Code (Plus 4) 17043 | | | | | |
| Full Name of Contributing Committee FOOD PAC OF PENNSYLVANIA | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address P.O. BOX 870 | | | | 3 | 14 | 2024 | |
| City CAMP HILL | State PA | Zip Code (Plus 4) 170010870 | | | | | |
| Full Name of Contributing Committee HAPAC | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 30 NORTH 3RD STREET STE 600 | | | | 3 | 14 | 2024 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | | | | | |
| Full Name of Contributing Committee PGCC PAC | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 507 CHERRY GROVE RD | | | | 3 | 21 | 2024 | |
| City CLARENDON | State PA | Zip Code (Plus 4) 163134313 | | | | | |
| Full Name of Contributing Committee PLUMMERS AND PIPEFITTERS LOCAL 354 PAC FUND | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address PO DWR 1 | | | | 3 | 21 | 2024 | |
| City YOUNGWOOD | State PA | Zip Code (Plus 4) 156970343 | | | | | |

| | | | | | | |
|-------------------------------------|----------------|-------|----|-------------------|-------|-----------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 500.00 |
| APSCUF / CAP - PA | | | 3 | 21 | 2024 | |
| Mailing Address | 319 N FRONT ST | | | | | |
| City | HARRISBURG | State | PA | Zip Code (Plus 4) | 17101 | |

| | | | | | | |
|---------------------------------------|------------------------|-------|----|-------------------|-------|-------------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 5,000.00 |
| PA MEDICAL POLITICAL ACTION COMMITTEE | | | 3 | 21 | 2024 | |
| Mailing Address | 400 WINDING CREEK BLVD | | | | | |
| City | MECHANICSBURG | State | PA | Zip Code (Plus 4) | 17050 | |

| | | | | | | |
|---|---------------------------|-------|----|-------------------|-----------|-------------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 2,500.00 |
| AFSCME COUNCIL 13 POLITICAL & LEGISLATIVE | | | 3 | 25 | 2024 | |
| Mailing Address | 4031 EXECUTIVE PARK DRIVE | | | | | |
| City | HARRISBURG | State | PA | Zip Code (Plus 4) | 171111507 | |

| | | | | | | |
|-------------------------------------|---------------------------------|-------|----|-------------------|-------|-------------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 2,500.00 |
| PAA - PAC | | | 3 | 25 | 2024 | |
| Mailing Address | 1925 N FRONT STREET PO BOX 2955 | | | | | |
| City | HARRISBURG | State | PA | Zip Code (Plus 4) | 17105 | |

| | | | | | | |
|-------------------------------------|----------------------------------|-------|----|-------------------|-------|-------------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 5,000.00 |
| LAW PAC | | | 3 | 25 | 2024 | |
| Mailing Address | 212 NORTH THIRD STREET SUITE 101 | | | | | |
| City | HARRISBURG | State | PA | Zip Code (Plus 4) | 17101 | |

| | | | | | | |
|--|--|-------|----|-------------------|------|-------------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 1,500.00 |
| PA ASSOCIATION OF NURSE ANESTHETISTS PAC | | | 3 | 25 | 2024 | |
| Mailing Address | | | | | | |
| City | | State | | Zip Code (Plus 4) | | |

| | | | | | | |
|-------------------------------------|-----------------------------|-------|----|-------------------|-------|-------------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 1,000.00 |
| SAXTON & STUMP LLC PAC | | | 3 | 25 | 2024 | |
| Mailing Address | 280 GRANITE RUN DR. STE 300 | | | | | |
| City | LANCASTER | State | PA | Zip Code (Plus 4) | 17601 | |

| | | | | | | |
|-------------------------------------|------------------------------------|-------|----|-------------------|-------|-----------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 500.00 |
| PSEA PACE | | | 3 | 25 | 2024 | |
| Mailing Address | 400 NORTH 3RD STREET P.O. BOX 1724 | | | | | |
| City | HARRISBURG | State | PA | Zip Code (Plus 4) | 17105 | |

| | | | | | | |
|---|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributing Committee PA ARCHITECTS PAC | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 240 NORTH 3RD STREET 12TH FL | | | 3 | 25 | 2024 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | | | | |
| Full Name of Contributing Committee GREENLEE PARTNERS STATE PAC | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address P.O. BOX 291 | | | 3 | 25 | 2024 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 171080291 | | | | |
| Full Name of Contributing Committee ENERGY TRANSFER PAC | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 1005 CONGRESS AVE. STE 995 | | | 3 | 25 | 2024 | |
| City AUSTIN | State TX | Zip Code (Plus 4) 78701 | | | | |
| Full Name of Contributing Committee PHYSICIANS ASSISTANTS PAC | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 200 N THIRD STREET STE 1500 | | | 3 | 25 | 2024 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | | | | |
| Full Name of Contributing Committee WOJDAK FOR THE COMMONWEALTH PAC | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 30 N THIRD STREET STE 950 | | | 3 | 25 | 2024 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | | | | |
| Full Name of Contributing Committee B & B PAC | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 24 AGUEDUCT RD | | | 3 | 25 | 2024 | |
| City DUCANNON | State PA | Zip Code (Plus 4) 17020 | | | | |
| Full Name of Contributing Committee PA CEMETERY, CREMATION & FUNERAL ASSOCIATION PAC | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 3051 GREEN POND ROAD | | | 3 | 25 | 2024 | |
| City EASTON | State PA | Zip Code (Plus 4) 18045 | | | | |
| Full Name of Contributing Committee PENNSYLVANIA COAL PAC | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 212 N THIRD ST STE 203 | | | 3 | 27 | 2024 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 171011505 | | | | |

| | | | | | | |
|---|--------------------------|-------|----|-------------------|-----------|-------------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 500.00 |
| ACTION COMMITTEE FOR RURAL ELECTRIFICATION PA | | | 3 | 27 | 2024 | |
| Mailing Address | P.O. BOX 1266 | | | | | |
| City | HARRISBURG | State | PA | Zip Code (Plus 4) | 171081266 | |
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 500.00 |
| PA BANKERS PUBLIC AFFAIRS COMMITTEE | | | 3 | 27 | 2024 | |
| Mailing Address | 3897 NORTH FRONT ST. | | | | | |
| City | HARRISBURG | State | PA | Zip Code (Plus 4) | 17110 | |
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 500.00 |
| DUANE MORRIS LLP GOVERNMENT | | | 3 | 27 | 2024 | |
| Mailing Address | 30 SOUTH 17TH STREET | | | | | |
| City | PHILADELPHIA | State | PA | Zip Code (Plus 4) | 19103 | |
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 500.00 |
| PGG - STATE | | | 3 | 27 | 2024 | |
| Mailing Address | 2 NORTH NINTH ST. | | | | | |
| City | ALLENTOWN | State | PA | Zip Code (Plus 4) | 18101 | |
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 1,000.00 |
| PENN OSTEOPATHIC MED PAC | | | 3 | 27 | 2024 | |
| Mailing Address | 1330 EISENHOWER BLVD | | | | | |
| City | HARRISBURG | State | PA | Zip Code (Plus 4) | 171112319 | |
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 500.00 |
| PA ACADEMY OF AUDIOLOGY PAC | | | 4 | 3 | 2024 | |
| Mailing Address | 908 N 2ND ST | | | | | |
| City | HARRISBURG | State | PA | Zip Code (Plus 4) | 17102 | |
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 500.00 |
| PA ACADEMY OF OPHTHALMOLOGY PAC | | | 4 | 3 | 2024 | |
| Mailing Address | 200 N THIRD ST. STE 1500 | | | | | |
| City | HARRISBURG | State | PA | Zip Code (Plus 4) | 17101 | |
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 500.00 |
| NFG PAPAC NATIONAL FUEL GAS | | | 4 | 3 | 2024 | |
| Mailing Address | P.O. BOX 2018 | | | | | |
| City | ERIE | State | PA | Zip Code (Plus 4) | 16512 | |

| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 1,000.00 |
|-------------------------------------|----------|-------------------------|----|-----|------|-------------|
| PENNSYLVANIA OPTOMETRIC PAC | | | | | | |
| Mailing Address 218 NORTH STREET | | | 4 | 3 | 2024 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | | | | |

| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 1,000.00 |
|---|----------|-------------------------|----|-----|------|-------------|
| Z-PAC PA SOCIETY OF ANESTHESIOLOGIST PAC | | | | | | |
| Mailing Address 1400 NORTH PROVIDENCE RD BLD 2 STE 1040 | | | 4 | 3 | 2024 | |
| City MEDIA | State PA | Zip Code (Plus 4) 19063 | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 33,300.00 |

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 COMMITTEE TO RE ELECT FRANK BURNS | Reporting Period From: <u>3/5/2024</u> To: <u>4/8/2024</u> |
|---|--|

| | | | | DATE | AMOUNT | | |
|---|--------------------|-----------------------------------|-------------|-------------------|--------------|--------------------------|-----------|
| Full Name of Contributor DR. HOPE SELARNICK | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 8 WEST LODGES LANE | | | | 3 | 27 | 2024 | |
| City BALA CYNWYD | State PA | Zip Code (Plus 4) 19004 | | | | | |
| 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 \$ 500.00 |
|------------------------------------|

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>3/5/2024</u> To: <u>4/8/2024</u> |
|---|--|

| | | | | DATE | | AMOUNT | | |
|--------------------------|--|-------|-------------------|------|-----|--------|----|------|
| Full Name | | | | MO | DAY | YEAR | \$ | 2.81 |
| SLOVENIAN SAVINGS & LOAN | | | | | | | | |
| Mailing Address | | | | | | | | |
| 361 FIRST ST. | | | | | | | | |
| City | | State | Zip Code (Plus 4) | 3 | 17 | 2024 | | |
| CONIEMAUGH | | PA | 15909 | | | | | |
| Receipt Description | | | | | | | | |
| INTEREST INCOME | | | | | | | | |

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

| PAGE TOTAL | |
|------------|------|
| \$ | 2.81 |

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>3/5/2024</u> To: <u>4/8/2024</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: |
|---------------------------------------|--|

| | | | 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>3/5/2024</u> To: <u>4/8/2024</u> |

| DATE | | | | AMOUNT |
|--|-----------------|------------------------------------|--|-------------------|
| To Whom Paid | MO | DAY | YEAR | |
| ELLI HORVATH | | | | |
| Mailing Address P.O. BOX 2 | 3 | 5 | 2024 | \$ 643.50 |
| City TIRE HILL | State PA | Zip Code (Plus 4) 15959 | Description of Expenditure REIMBURSEMENT HUSTLE | |
| To Whom Paid | MO | DAY | YEAR | |
| BUYING TIME LLC | | | | |
| Mailing Address PO BOX 318 | 3 | 25 | 2024 | \$ 35,000.00 |
| City CROWNSVILLE | State MD | Zip Code (Plus 4) 210320318 | Description of Expenditure MEDIA ADS | |
| To Whom Paid | MO | DAY | YEAR | |
| SLOVENIAN SAVINGS & LOAN | | | | |
| Mailing Address 361 1ST STREET | 3 | 25 | 2024 | \$ 20.00 |
| City CONIEMAUGH | State PA | Zip Code (Plus 4) 15909 | Description of Expenditure WIRE TRANSFER FEE | |
| To Whom Paid | MO | DAY | YEAR | |
| CAPITOL PROMOTIONS INC. | | | | |
| Mailing Address P.O. BOX 231 | 4 | 4 | 2024 | \$ 5,488.68 |
| City GLENSIDE | State PA | Zip Code (Plus 4) 19038 | Description of Expenditure YARD SIGNS | |
| To Whom Paid | MO | DAY | YEAR | |
| WINDBER COUNTRY CLUB | | | | |
| Mailing Address 1392 FOREST HILLS DR. | 4 | 1 | 2024 | \$ 500.00 |
| City SALIX | State PA | Zip Code (Plus 4) 15952 | Description of Expenditure EVENT DEPOSIT | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | PAGE TOTAL |
| | | | | \$ 41,652.18 |

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>3/5/2024</u> To: <u>4/8/2024</u> |
|---|--|

| | | | DATE | Outstanding Balance of Debt |
|--|--------------------|-----------------------------------|---|--------------------------------|
| Name of Creditor FRANK BURNS | | | MO | DAY |
| Mailing Address 1654 WILLIAM PENN AVE | | | YEAR | \$ 500.00 |
| City JOHNSTOW | State PA | Zip Code (Plus 4) 15909 | Description of Debt LOAN TO COMMITTEE | |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. | | | | PAGE TOTAL \$ 500.00 |