# **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 :	i <b>on</b> 2024	C0112			Repo Filed		:	CANDI	DATE	✓	co	OMMITTEI		LOBI	BYIST	Γ		
Name of Filing C	Committee, Candid	ate or L	obbyist:		FRAN	-		5										
Street Address:																		
City:							State:					Zip Cod	<b>Zip Code:</b> 15909					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.		) DA RIMA		POST-	- 3. <b>X</b>		AMENDMENT REPORT?		Yes	N	D	$\checkmark$	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.		) da Lect		POST- 6.			TERMINATION REPORT?		Yes	N	D	$\checkmark$	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2024					G METH				PAPER		$\checkmark$	DISK	ETTE		
Name of Office S	L Sought by Candida	te:						DATE O	F ELE	CTIO	ł	District Number	Office Code	Par	ty Code	Cou		
DEDDECENTAT								мо	DAY	YE	AR	72	STH	DEN	1	1		
REPRESENTAL	IVE IN THE GENER	RAL ASS	EMBLY				Ī	11		5	2024	·	(SEE INS	TRUCTI	ONS FOR	CODES	<i>;</i> )	
	Receipts and	мо	DAY	YEAR	2			мо	DAY	YE	AR	FO	R OFFIC	e use	ONLY			
Expenditures	s from:		4 9	2	024	то		5		13	2024							
A. Amount Bro	ught Forward Fror	n Last R	eport				\$				0.00							
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I	:)	\$				0.00							
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				0.00							
D. Total Expen	ditures (From Sch	edule II	I)				\$				0.00							
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$				0.00							
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	chedu	le II)		\$				0.00							
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)			\$			(50	0.00)							
				AFF	IDA\	/IT	SE	CTION										
	s a Committee rep																	
I swear (or affirm correct and compl	) that this report, incl ete.	luding the	e attached sc	hedule	s filed o	on pa	per o	or by elect	ronic m	edium,	are to	the best of	my know	ledge	and bel	ief , tı	ue	
Sworn to and subs	cribed before me this day of	5	20							Si	gnatur	e of Person	Submitti	ng Rep	oort		-	
	Signatu	re										Print	ed Name				-	
My Commission E	xpires											Email					_	
	мо	D	AY	YR					Ar	ea Code		Daytime	e Telepho	one Nu	mber			
	a report of a cand that to the best of m ed.								-		provis	ions of the	act of Ju	ne 3,1	937 (P.	L. 133	3,	
Sworn to and subso	Sworn to and subscribed before me this Signature of Candidate day of 20									-								
												Printeo	l Name				-	
My Commission Exp	Signature pires											Emai	l				-	
	мо	D	AY	YR	1				Area	Code		Da	ytime Te	lephon	e Num	per	-	

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRANK BURNS From: <u>4/9/2024</u> **To:** 5/13/2024 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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				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		

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 Candida	te			oorting P	eriod					
			Fro	m:		Тс	):			
					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. \$ 0.00										

# 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			Reporting Period							
			From:			То:				
				DA	TE		A	AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.00		
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							\$	0.00		

## 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 Rej				eporting Period					
			Froi	n:		Т	):		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 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 Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 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 Candidate				Reporting Period						
			From:			То:				
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (	Plus 4)							
Receipt Description	•				•					
		_	o .:					PAGE TO	TAL	
Enter Grand Total of Part E on Scheo	iule I, Detailed Sum	imary Page,	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>4/9/2024</u> <b>то:</b>	<u>5/13/2024</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, 1		\$	0.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re				Reporting Period						
Fr						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:										
Enter Grand Total of Part F on Sched Section 2.	iled Sum	mary Pag	ie,		PAGE TOTA	L				
						\$		0.00		

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

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period					
				From:						
					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 Place of Business City					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				Reporting Period						
				From						
		DATE		AMOUNT						
To Whom Paid	мо	DAY	YEAR							
Mailing Address						\$	0.00			
City	Zip Code (Plus 4)	Description of Expenditure								
Enter Crand Tatal of Evnanditures	an Dago 1. Donort (	Cover Dage Item I					PAGE TOTAL			
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00			