

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.	30 DAY PRIMARY	POST-	3. X	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
REPRESENTATIVE IN THE GENERAL ASSEMBLY						MO	DAY	YEAR	72	STH	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			
		4	9	2024		5	13	2024				
A. Amount Brought Forward From Last Report						\$ 47,962.27						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 1,252.29						
C. Total Funds Available (Sum Of Lines A and B)						\$ 49,214.56						
D. Total Expenditures (From Schedule III)						\$ 9,515.00						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 39,699.56						
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>4/9/2024</u> To: <u>5/13/2024</u>

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)	\$ 250.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 250.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 1,000.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 2.29

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.)	\$ 1,252.29
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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>4/9/2024</u> To: <u>5/13/2024</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">DATE</td> <td style="width: 40%;">AMOUNT</td> </tr> </table>		DATE	AMOUNT
DATE	AMOUNT		

Full Name of Contributing Committee IW3 POLITICAL ACTION COMMITTEE			MO	DAY	YEAR	\$ 250.00
Mailing Address 2201 LIBERTY AVE			4	26	2024	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222				

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

PAGE TOTAL
\$ 250.00

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
COMMITTEE TO RE ELECT FRANK BURNS	From: <u>4/9/2024</u> To: <u>5/13/2024</u>

				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
K & L GATES				4	26	2024	
Mailing Address 210 SIXTH AVE							
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222					
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
RAMPAR ASSOCIATES				4	26	2024	
Mailing Address 735 BIRCH AVE.							
City BENSALEM	State PA	Zip Code (Plus 4) 19020					

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

PAGE TOTAL
\$ 1,000.00

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	Reporting Period
	From: To:

			DATE	AMOUNT
Full Name of Contributor			MO	DAY
Mailing Address			YEAR	\$ 0.00
City	State	Zip Code (Plus 4)		
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
\$ 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 COMMITTEE TO RE ELECT FRANK BURNS	Reporting Period From: <u>4/9/2024</u> To: <u>5/13/2024</u>
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				DATE			AMOUNT
Full Name				MO	DAY	YEAR	
SLOVENIAN SAVINGS & LOAN							\$ 2.29
Mailing Address 361 FIRST STREET				4	15	2024	
City CONEMAUGH	State PA	Zip Code (Plus 4) 15909					
Receipt Description INTEREST DEPOSIT							

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

PAGE TOTAL
\$ 2.29

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>4/9/2024</u> To: <u>5/13/2024</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:
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			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>4/9/2024</u> To: <u>5/13/2024</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
BRIAN JULETICH				
Mailing Address 231 WALNUT ST APT 306				\$ 1,000.00
City JOHNSTOWN	State	Zip Code (Plus 4)	Description of Expenditure	
	PA	15901	CONSULTANT	
To Whom Paid	MO	DAY	YEAR	
VINCE GRASSI VIDEOGRAPHY				
Mailing Address 1236 VALLEY RD				\$ 8,000.00
City SCHELLSBURG	State	Zip Code (Plus 4)	Description of Expenditure	
	PA	15559	TV & PRODUCTION 2/30 SEC SPOTS	
To Whom Paid	MO	DAY	YEAR	
FAVOR LAUREL HIGHLANDS				
Mailing Address 226 FAIRFIELD AVE	5	4	2024	\$ 515.00
City JOHNSTOWN	State	Zip Code (Plus 4)	Description of Expenditure	
	PA	15906	DONATION	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL
				\$ 9,515.00

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>4/9/2024</u> To: <u>5/13/2024</u>
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				DATE	Outstanding Balance of Debt		
Name of Creditor FRANK BURNS				MO	DAY	YEAR	\$ 500.00
Mailing Address 1654 WILLIAM PENN AVE							
City JOHNSTOWN		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