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 :	ion 200	8210			Repor Filed I		CANDI	DATE	CO	MMITTEE	 ✓ 	LOBI	BYIST			
	Committee, Cand	idate or L	obbvist:													
Street Address:	1654 WILLI		-			,										
City:	JOHNSTOW	N					State:	PA		Zip Co	Zip Code: 15909					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRI PRIMARY	DAY PRE	- 2.	30 DA PRIMA		POST-	3.		AMENDMENT REPORT?		No	\checkmark		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRI ELECTIO		- 5.	30 DA ELECT		POST-	6.	TERMIN REPORT		Yes	No	\checkmark		
report type)	ANNUAL REPOR	T 7. X	Year 20	10			NG METHO CHECK O			PAPER		\checkmark	DISKE	TTE		
Name of Office S	Name of Office Sought by Candidate:						DATE O	F ELEC	TION	District Number		Par	ty Code	County Code		
REPRESENTATI	VE IN THE GEN	-RAL ASS	SEMBLY				мо	DAY	YEAR		STH	DEN	1	11		
							11		2 201	0	(SEE INS	STRUCTI	ONS FOR	CODES)		
	Receipts and	мо	DAY	YEAR			мо	DAY	YEAR	F	OR OFFIC	E USE	ONLY			
Expenditures	s from:		1	1 2	010	0	12	3	1 201	.0						
A. Amount Bro	ught Forward Fr	om Last F	Report			\$			66,024.5	_						
B. Total Monet	ary Contribution	s And Red	ceipts (Fr	om Sche	dule I)	\$		0.00								
C. Total Funds	Available (Sum	Of Lines A	A and B)			\$			66,024.5	7						
D. Total Expen	ditures (From So	hedule I	11)			\$			10,012.4	7						
E. Ending Cash	Balance (Subtra	ict Line D	From Lir	ne C)		\$			56,012.1	D						
	Kind Contributio		•		le II)	\$			0.0	0						
G. Unpaid Deb	s And Obligation	is (From	Schedule	IV)		\$			200.0	0						
				AFF	IDAVI	T SE	CTION									
PART I - If this is	s a Committee re) that this report, in			-						-		vladaa	and hali	of true		
correct and comple		icluding th	e attacheu	schedules	s nied on	paper	or by elect	ronic me	uium, are t	o the best o	ы тукпоч	vieuge	and ben	er, true		
Sworn to and subs	cribed before me t day of 	nis	20			_			Signati	ire of Perso	on Submitt	ing Rep	oort			
	Signa	ture				_				Priı	nted Name					
My Commission Ex	cpires					_				Ema	ail					
	мо	D	YAY	YR				Area	a Code	Daytir	ne Teleph	one Nu	mber			
Part II- If this is I swear (or affirm) No 320) as amende	that to the best o							-		visions of th	ne act of Ju	ıne 3,1	937 (P.L	. 1333,		
Sworn to and subso	ribed before me th	is								Signature	of Candida	ate				
	day of					_				Print	ed Name					
	Signatur	e				_				r mit	ca name					
My Commission Exp	bires									Ema	ail					
	МО	D	DAY	YR		_		Area C	ode	C	Daytime Te	elephor	e Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** BURNS, FRANK COM TO ELECT From: <u>1/1/2010</u> **To:** 12/31/2010 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			Rep	orting I	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

Use this Part to it	\$50.0 emize all othe 50.01 to \$250	.00 in the repo	s wi	ith an ng per	aggreg iod.			rom
Name of Filing Committee or Candida	ite		Rep	orting P	eriod			
			Froi	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. \$								

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			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 Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	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				Reporting Period				
				From:				
			D	ATE		AM	OUNT	
			мо	DAY	YEAR	\$	0.00	
State	Zip Code (Plu	s 4)						
•			Occupat	ion				
ce of Business	City			State		Zip Code	(Plus 4)	
dule I, Detailed Su	ummary Page	Sectio	on 3.				GE TOTAL 0.00	
	State ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: DA DA State Zip Code (Plus 4) Occupat	From: DATE DATE DATE State Zip Code (Plus 4) City Occupation Ce of Business City State	From: To DATE MO DAY YEAR State Zip Code (Plus 4) Image: Comparison of the second	From: To: DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation ce of Business City State Zip Code	

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 Candidat	Name of Filing Committee or Candidate			ing Peric	d			
			From:			То:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Plus 4)					
Receipt Description						•		
		_	.				PAGE TO	TAL
Enter Grand Total of Part E on Sche	iule I, Detailed Su	immary 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		
BURNS, FRANK COM TO ELECT	From:	<u>1/1/2010</u> To:	<u>12/31/2010</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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 Ro			Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,		PAGE TOTA	AL.
						\$		0.00

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

Name of Filing Committee or Candidate				Reporting Period				
						То:		
					DATE		AMOUNT	
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$ 0.00	
City	State	Zip Code(Plus 4)						
Employer of Contributor		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac	e of Business C	lity	State	e Zip	Code(Plus 4)	Descri	ption of Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	Contributions D	etaile	d			PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate							
BURNS, FRANK COM TO ELECT				<u>1/</u>	<u>1/2010</u>	То:	<u>12/31/2010</u>	
			DATE AMOU					
To Whom Paid			мо	DAY	YEAR			
JOHNSTOWN POSTAL SHORE					•			
Mailing Address 111 FRANKLIN ST.	12	1	2010	\$	12.47			
City JOHNSTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	15901	POSTAC	GE - MAILI	NG REPO	RTS		
To Whom Paid			мо	DAY	YEAR			
FRAND BURNS								
Mailing Address 1624 WM. PENN AV	E.		12	1	2010	\$	10,000.00	
City JOHNSTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	15909	REIMBL	IRSED LOA	N			
							PAGE TOTAL	
Enter Grand Total of Expenditures of	on Page 1, Report C	over Page, Item I) .			\$	10,012.47	

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				Reporting Period							
BURNS, FRANK COM TO ELECT				<u>1/1/2010</u> To: <u>12/31/2010</u>				2/31/2010			
					DATE			tstanding ance of Debt			
Name of Creditor FRANK BURNS - CANDIDATE				мо	DAY	YEAR					
Mailing Address 1624 WM. PENN AVE	1			4	16	2008	\$	200.00			
City JOHNSTOWN	State	Zip Code (P	lus 4)	Descript	tion of Deb	ot					
	PA	15909		LOAN T	о сомміт	TEE					
								PAGE TOTAL			
Enter Grand Total of Unpaid Debt	s on Page 1, Repo	ort Cover Pa	ge, Item	G.			\$	200.00			