

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:	Report Filed By:	CANDIDATE <input type="checkbox"/>	1.	COMMITTEE <input checked="" type="checkbox"/>	2. X	LOBBYIST <input type="checkbox"/>	3.
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Jim Burns</i>							
Street Address: <i>372 Chestnut Avenue</i>							
City: <i>Kingston</i>			State: <i>PA.</i>		Zip Code: <i>18704 - 3613</i>		

TYPE OF REPORT (place X to the right of report type)	5TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	YES	NO
	5TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7. X	YEAR	<i>2009</i>		FILING METHOD (✓) CHECK ONE	PAPER	X	DISKETTE

Name of Office Sought by Candidate:	DATE OF ELECTION	District Number	Office Code	Party Code	County Code
	MO. DAY YEAR			<i>Dem</i>	<i>40</i>

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:	MO. DAY YEAR	To	MO. DAY YEAR	FOR OFFICE USE ONLY
	<i>1 1 2009</i>	To	<i>12 31 2009</i>	RECEIVED 2010 JAN 27 PM 1:09 BOARD OF ELECTIONS LUZERNE COUNTY, PA.
A. Amount Brought Forward From Last Report	\$ <i>67.51</i>			
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ <i>0</i>			
C. Total Funds Available (Sum of Lines A and B)	\$ <i>67.51</i>			
D. Total Expenditures (From Schedule III)	\$ <i>0</i>			
E. Ending Cash Balance (Subtract Line D from Line C)	\$ <i>67.51</i>			
F. Value of In-Kind Contributions Received (From Schedule II)	\$ <i>0</i>			
G. Unpaid Debts and Obligations (From Schedule IV)	\$ <i>70,255.00</i>			

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, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this *25th* day of *JANUARY* 20 *10*

<i>Mary A Newell</i> Signature	COMMONWEALTH OF PENNSYLVANIA Notarial Seal Mary A. Newell, Notary Public Kingston Boro, Luzerne County My Commission Expires Jan. 6, 2014	<i>Caitlin Burns</i> Signature of Person Submitting Report
		<i>CAITLIN BURNS</i> Printed Name
My commission expires <u><i>JAN</i></u> MO. <u><i>06</i></u> DAY <u><i>2010</i></u> YR.	<u><i>570</i></u> Area Code	<u><i>287-4274</i></u> 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 *25th* day of *JANUARY* 20 *10*

<i>Mary A Newell</i> Signature	COMMONWEALTH OF PENNSYLVANIA Notarial Seal Mary A. Newell, Notary Public Kingston Boro, Luzerne County My Commission Expires Jan. 6, 2014	<i>James E. Burns</i> Signature of Candidate
		<i>JAMES E. BURNS</i> Printed Name
My commission expires <u><i>JAN</i></u> MO. <u><i>06</i></u> DAY <u><i>2010</i></u> YR.	<u><i>570</i></u> Area Code	<u><i>287-4274</i></u> Daytime Telephone Number

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 <i>JAMES E. BURNS</i>	Reporting Period From <i>1-1-2009</i> To <i>12-31-2009</i>
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Name of Creditor <i>JAMES E. BURNS</i>		DATE DEBT INCURRED <i>4-21-93 To 11-1-01</i>			Outstanding Balance of Debt \$ <i>70,255.00</i>
Mailing Address <i>372 Chestnut Avenue</i>		MO.	DAY	YEAR	
City <i>Kingston</i>		State <i>PA</i>	Zip Code (Plus 4) <i>18204 - 3613</i>		
Description of Debt <i>LOANS to Campaign Committee</i>					

Name of Creditor		DATE DEBT INCURRED			Outstanding Balance of Debt \$
Mailing Address		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					

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Name of Creditor		DATE DEBT INCURRED			Outstanding Balance of Debt \$
Mailing Address		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL \$ <i>70,255.00</i>
