

Commonwealth of Pennsylvania
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: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		1. CANDIDATE		2. COMMITTEE <input checked="" type="checkbox"/>		3. LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Jim Burnas</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 <input checked="" type="checkbox"/>	
	ANNUAL REPORT	7. <input checked="" type="checkbox"/>	YEAR	<i>2007</i>		FILING METHOD <input checked="" type="checkbox"/> CHECK ONE		PAPER	DISKETTE	
Name of Office Sought by Candidate:					DATE OF ELECTION		District Number	Office Code	Party 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	
	<i>1</i>	<i>1</i>	<i>2007</i>		<i>12</i>	<i>31</i>	<i>2007</i>	
	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>			

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BOARD OF ELECTIONS
 LUZERNE COUNTY, PA.

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

<p><i>17th</i> day of <i>January</i> 20 <i>08</i></p> <p>COMMONWEALTH OF PENNSYLVANIA</p> <p>Notarial Seal Mary A. Newell, Notary Public Kingston Boro, Luzerne County My Commission Expires Jan. 6, 2010</p> <p>My commission expires <i>Jan</i> 20 <i>2010</i></p> <p>MO. DAY YR.</p>	}	<p><i>Caithlin Burnas</i></p> <p>Signature of Person Submitting Report</p> <p><i>CAITLIN BURNAS</i></p> <p>Printed Name</p> <p><i>570</i> <i>287-4274</i></p> <p>Area Code Daytime Telephone Number</p>
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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

<p><i>17th</i> day of <i>January</i> 20 <i>08</i></p> <p>COMMONWEALTH OF PENNSYLVANIA</p> <p>Notarial Seal Mary A. Newell, Notary Public Kingston Boro, Luzerne County My Commission Expires Jan. 6, 2010</p> <p>My commission expires <i>Jan</i> 20 <i>2010</i></p> <p>MO. DAY YR.</p>	}	<p><i>James E. Burnas</i></p> <p>Signature of Candidate</p> <p><i>JAMES E. BURNAS</i></p> <p>Printed Name</p> <p><i>570</i> <i>287-4274</i></p> <p>Area Code Daytime Telephone Number</p>
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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>FRIENDS OF JIM BURNS</i>	Reporting Period From <i>1-1-2007</i> To <i>12-31-2007</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>18704-3613</i>				
Description of Debt <i>LOANS to CAMPAIGN committee</i>								

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

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

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Description of Debt								

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

Name of Creditor							Outstanding Balance of Debt \$	
Mailing Address				DATE DEBT INCURRED	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>
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