

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:		Report Filed By:	CANDIDATE ^{1.}	COMMITTEE ^{2.} <input checked="" type="checkbox"/>	LOBBYIST ^{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)	6TH TUESDAY PRE-PRIMARY	^{1.}	2ND FRIDAY PRE-PRIMARY	^{2.}	30 DAY POST PRIMARY	^{3.}	AMENDMENT REPORT?	YES	NO	
	6TH TUESDAY PRE-ELECTION	^{4.}	2ND FRIDAY PRE-ELECTION	^{5.}	30 DAY POST ELECTION	^{6.}	TERMINATION REPORT?	YES	NO	
	ANNUAL REPORT	<input checked="" type="checkbox"/>	YEAR	<i>2010</i>	FILING METHOD <input checked="" type="checkbox"/> 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	
			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</i>	<i>1</i>	<i>2010</i>	To	<i>12</i>	<i>31</i>	<i>2010</i>	RECEIVED 2011 JAN 26 PM 2:58 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)				\$						
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

26th day of *January* *2011* *Caitlin Burns*
 Signature of Person Submitting Report

Mary A. Newell
 Signature
 COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Mary A. Newell, Notary Public
 Kingston Boro., Luzerne County
 My Commission Expires *Jan 6, 2014*

My commission expires *Jan. 6 2014*
 MO. DAY YR.
 Printed Name *JAMES E. BURNS*
 Daytime Telephone Number *287-4274*

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

26th day of *January* *2011* *James E. Burns*
 Signature of Candidate

Mary A. Newell
 Signature
 COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Mary A. Newell, Notary Public
 Kingston Boro., Luzerne County
 My Commission Expires *Jan 6, 2014*

My commission expires *Jan 6 2014*
 MO. DAY YR.
 Printed Name *JAMES E. BURNS*
 Daytime Telephone Number *287-4274*

**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 JFM BURNS</i>	Reporting Period From <i>1-1-2010</i> To <i>12-31-2010</i>
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Name of Creditor <i>JAMES E. BURNS</i>					Outstanding Balance of Debt \$ <i>70,255.00</i>				
Mailing Address <i>372 Chestnut Avenue</i>					DATE DEBT INCURRED	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					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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City					State	Zip Code (Plus 4)			
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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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