

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE ¹	COMMITTEE ² <input checked="" type="checkbox"/>	LOBBYIST ³
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Friends of William "Bill" James					
STREET ADDRESS 291 Sutton Creek Rd.					
CITY Harding (Exeter Twp)		STATE PA	ZIP CODE 18643 -		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
	N/A			R	MO. DAY YEAR
6TH TUESDAY PRE-PRIMARY ¹	DATES OF REPORTING PERIOD				FOR OFFICE USE ONLY RECEIVED 2010 FEB - 1 AM 11:08 BOARD OF ELECTIONS LUZERNE COUNTY, PA.
2ND FRIDAY PRE-PRIMARY ²	MO. DAY YEAR	TO	MO. DAY YEAR		
30 DAY POST-PRIMARY ³	1 1 09		12 31 09		
6TH TUESDAY PRE-ELECTION ⁴	CASH BALANCE AT END OF REPORTING PERIOD: \$ 0				
2ND FRIDAY PRE-ELECTION ⁵	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0				
30 DAY POST-ELECTION ⁶	AMENDMENT REPORT?	YES	NO		
ANNUAL REPORT ⁷ <input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO		

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

30 DAY OF January 2010

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 KELLI JAMES, Notary Public
 City of Wilkes-Barre, Luzerne County
 My Commission Expires June 14, 2010 DAY YR.

Mollie James
 SIGNATURE OF PERSON SUBMITTING REPORT
 Mollie James
 PRINTED NAME
 570 388-2164
 AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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

20 DAY OF January 2010

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 KELLI JAMES, Notary Public
 City of Wilkes-Barre, Luzerne County
 My Commission Expires June 14, 2010 DAY YR.

William James
 SIGNATURE OF CANDIDATE
 William J. James
 PRINTED NAME
 570 388-2164
 AREA CODE DAYTIME TELEPHONE NUMBER