

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

Burns for Congress

ADDRESS (number and street)

PO Box 4483

Check if different than previously reported. (ACC)

Eighty Four

PA

15330

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00461202

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE DISTRICT

PA

12

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

10

01

2009

through

12

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer George McLaughlin

Signature of Treasurer Electronically Filed by George McLaughlin

Date

01

29

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only

FEC FORM 3
(Revised 02/2003)

A. Form/Schedule : **F3N**

Transaction ID :

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Burns for Congress

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	32561.56	99490.30
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	32561.56	99490.30
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	32055.85	100489.82
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	32055.85	100489.82
8. Cash on Hand at Close of Reporting Period (from Line 27).....	74000.48	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	75000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Burns for Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

10650.00

45674.27

(ii) Unitemized.....

21371.82

53113.32

(iii) TOTAL of contributions

32021.82

98787.59

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACS).....

539.74

702.71

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans)

32561.56

99490.30

(add Lines 11(a)(iii), (b), (c), and (d))

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

50000.00

75000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

50000.00

75000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

82561.56

174490.30

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	32055.85	100489.82
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	32055.85	100489.82

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	23494.77
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	82561.56
25. SUBTOTAL (add Line 23 and Line 24).....	106056.33
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	32055.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	74000.48

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Burns for Congress

A. Full Name (Last, First, Middle Initial)
Linda Whipkey

Mailing Address 1934 Overland Ct

City Allison Park State PA Zip Code 15101-3223

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: AE6A257E668AB47CEB1C

Amount of Each Receipt this Period 400.00

B. Full Name (Last, First, Middle Initial)
Carl Wiberg

Mailing Address 130 Alexander Drive

City McMurray State PA Zip Code 15317-2671

FEC ID number of contributing federal political committee. C

Name of Employer IES, Inc. Occupation Sales Engineer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: AEAAB77CBC5824819A0D

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Mr. Joseph J Duffy

Mailing Address 8446 Portland PI

City Mc Lean State VA Zip Code 22102-1708

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 0 9

Transaction ID: A52FF9ED2D1CD496CAF8

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) 800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Burns for Congress

A. Full Name (Last, First, Middle Initial)
Ms. Bertha Hoskins

Mailing Address 2202 Spinnaker Ct

City Reston State VA Zip Code 20191-4704

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: A743685DA506B47ABA0B
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Edwin C. Sandham

Mailing Address 1964 SW Saint Andrews Dr

City Palm City State FL Zip Code 34990-2210

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: A3EE3C04D876A4652B4B
 Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Mr. W. Lee Towns

Mailing Address 11608 Moraga Ln

City Los Angeles State CA Zip Code 90049-1644

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 10 / 19 / 2009
Transaction ID: A1230A09E1EF84D7F8AE
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Burns for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Herbert Siegel

Mailing Address 190 E 72nd St Apt 28D

City State Zip Code
New York NY 10021-4370

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: A17AAEF9F9B2748C8B01

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ms. Dian Stal

Mailing Address 400 Pine St Ste 1000

City State Zip Code
Abilene TX 79601-5142

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 9

Transaction ID: AF17EA6DEEAF74BAE8F3

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Ms. Linda Kendall

Mailing Address 50 Club House Rd

City State Zip Code
Key Largo FL 33037-3600

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: AC328A4533B6741A9914

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) 1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Burns for Congress

A.	Full Name (Last, First, Middle Initial) Mark G Miller	Date of Receipt MM / DD / YYYY 11 / 25 / 2009
	Mailing Address 142 Justabout Road	Transaction ID: A9897494E09CF44C0971
	City Venetia State PA Zip Code 15367-1229	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Information Requested Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 1000.00

B.	Full Name (Last, First, Middle Initial) Michelle Day	Date of Receipt MM / DD / YYYY 11 / 25 / 2009
	Mailing Address 290 Quarry Rd	Transaction ID: A67F32D822D954B749BD
	City Washington State PA Zip Code 15301-2958	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Information Requested Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 1000.00

C.	Full Name (Last, First, Middle Initial) Mr. John Hummer, Jr.	Date of Receipt MM / DD / YYYY 12 / 16 / 2009
	Mailing Address 1111 Bay St	Transaction ID: AFF8EF2911010443DB00
	City San Francisco State CA Zip Code 94123-2300	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Information Requested Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 300.00

SUBTOTAL of Receipts This Page (optional)	▶	2100.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Burns for Congress

A.	Full Name (Last, First, Middle Initial) Ronald L. Francis		Date of Receipt
	Mailing Address 7022 Flaccus Rd		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Pittsburgh	PA	15202-1933
	FEC ID number of contributing federal political committee. C		Transaction ID: A1F1AEB0E9A3142A6BE5
Name of Employer Reed Smith LLP		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) John Diamond		Date of Receipt
	Mailing Address 250 Muncie Ridge Rd		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Washington	PA	15301-9617
	FEC ID number of contributing federal political committee. C		Transaction ID: A59030F94AF0E47E7ACB
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text" value="1000.00"/>

C.	Full Name (Last, First, Middle Initial) Ms. Barbara B Baker		Date of Receipt
	Mailing Address 10 Dawn Hill Dr		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Sandy	UT	84092-4901
	FEC ID number of contributing federal political committee. C		Transaction ID: A86BB5D69830D40EE94F
Name of Employer Challenger School		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text" value="1000.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2250.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Burns for Congress

A.	Full Name (Last, First, Middle Initial) Ann Dugan		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 508 Wedgewood Lane		Transaction ID: A9A24645E1D814608B0A
	City Canonsburg	State PA	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Information Requested		Occupation Information Requested
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Mark G Miller		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 142 Justabout Road		Transaction ID: A68FE4014A91145E88EF
	City Venetia	State PA	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Information Requested		Occupation Information Requested
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) Gregory Bell		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 45 Montgomery Pl		Transaction ID: A21AFB89483644FE99AA
	City Brooklyn	State NY	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Information Requested		Occupation Information Requested
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Burns for Congress

A.	Full Name (Last, First, Middle Initial) Mr. Lewis Topper		Date of Receipt
	Mailing Address 4240 Bell Blvd		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Bayside	NY	11361
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Information Requested		Occupation Information Requested	Transaction ID: ABB676E7E6ABF4D39B52
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2400.00"/>		
		Amount of Each Receipt this Period	<input type="text" value="1400.00"/>

B.	Full Name (Last, First, Middle Initial) William Ghiglieri		Date of Receipt
	Mailing Address 1158 S Tuxedo Ave		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Stockton	CA	95204-6221
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Information Requested		Occupation Information Requested	Transaction ID: A9A798E6B93C541BDAD0
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>		
		Amount of Each Receipt this Period	<input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) Ashley Classen		Date of Receipt
	Mailing Address PO Box 2457		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Fort Worth	TX	76113-2457
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Information Requested Trinity Pain Medicine Associates		Occupation Information Requested Physician	Transaction ID: AC106DC4A34774D7AB42
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>		
		Amount of Each Receipt this Period	<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1900.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="10650.00"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 34
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Burns for Congress

A. Full Name (Last, First, Middle Initial)
Mr. Tim Burns

Mailing Address PO Box 4483

City State Zip Code
Eighty Four PA 15330-0483

FEC ID number of contributing federal political committee. **C** H0PA12090

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
25415.97

Date of Receipt
MM / DD / YYYY
10 / 06 / 2009

Transaction ID: AC2EDE9C8E64E44F69A8

Amount of Each Receipt this Period
243.00

In-kind: Promotional Auction Lamp

B. Full Name (Last, First, Middle Initial)
Mr. Tim Burns

Mailing Address PO Box 4483

City State Zip Code
Eighty Four PA 15330-0483

FEC ID number of contributing federal political committee. **C** H0PA12090

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
25442.47

Date of Receipt
MM / DD / YYYY
11 / 25 / 2009

Transaction ID: A66395ED97ADF479E9FE

Amount of Each Receipt this Period
26.50

In-kind: Printing

C. Full Name (Last, First, Middle Initial)
Mr. Tim Burns

Mailing Address PO Box 4483

City State Zip Code
Eighty Four PA 15330-0483

FEC ID number of contributing federal political committee. **C** H0PA12090

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
25462.71

Date of Receipt
MM / DD / YYYY
12 / 22 / 2009

Transaction ID: A89E2361721D543B5BBF

Amount of Each Receipt this Period
20.24

In-kind: Meeting Expense

SUBTOTAL of Receipts This Page (optional) ► **289.74**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 34
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Burns for Congress

A.

Full Name (Last, First, Middle Initial)
Mr. Tim Burns

Mailing Address PO Box 4483

City State Zip Code
Eighty Four PA 15330-0483

FEC ID number of contributing federal political committee. **C** H0PA12090

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
75712.71

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: A6E22DFCD869C4048B6A

Amount of Each Receipt this Period
250.00

In-kind: Event Tickets

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	539.74

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Burns for Congress

A.

Full Name (Last, First, Middle Initial)
Mr. Tim Burns

Mailing Address PO Box 4483

City State Zip Code
Eighty Four PA 15330-0483

FEC ID number of contributing federal political committee. **C** H0PA12090

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
75712.71

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 3 1 / 2 0 0 9

Transaction ID: A36E20E4024A64191A35

Amount of Each Receipt this Period
50000.00

Personal Funds

SUBTOTAL of Receipts This Page (optional)	▶	50000.00
TOTAL This Period (last page this line number only)	▶	50000.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 16 / 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Burns for Congress

A. Full Name (Last, First, Middle Initial) Mr. Tim Burns <hr/> Mailing Address PO Box 4483 <hr/> City Eighty Four State PA Zip Code 15330-0483 <hr/> Purpose of Disbursement In-kind:Promotional Auction Lamp Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC2EDE9C8E64E44F69A8 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 243.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mr. Tim Burns <hr/> Mailing Address PO Box 4483 <hr/> City Eighty Four State PA Zip Code 15330-0483 <hr/> Purpose of Disbursement In-kind:Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B66395ED97ADF479E9FE Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 26.50
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mr. Tim Burns <hr/> Mailing Address PO Box 4483 <hr/> City Eighty Four State PA Zip Code 15330-0483 <hr/> Purpose of Disbursement In-kind:Meeting Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B89E2361721D543B5BBF Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 20.24
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

289.74

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 17 / 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Burns for Congress

A.

Full Name (Last, First, Middle Initial)
Mr. Tim Burns

Transaction ID: B6E22DFCD869C4048B6A

Mailing Address PO Box 4483

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

City State Zip Code
Eighty Four PA 15330-0483

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
In-kind: Event Tickets

Category/Type

Candidate Name

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Brittany Bushmire

Transaction ID: B4070860F5B9A46A89D4

Mailing Address 180 North Avenue

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	0	9

City State Zip Code
Washington PA 15301-3558

Amount of Each Disbursement this Period

240.89

Purpose of Disbursement
Salary

Category/Type

Candidate Name

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Paychex

Transaction ID: BE92288F6510B4BEF9FE

Mailing Address 2970 Clairmont Rd., NE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	9

City State Zip Code
Atlanta GA 30329

Amount of Each Disbursement this Period

9.78

Purpose of Disbursement
Payroll Expenses

Category/Type

Candidate Name

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

500.67

TOTAL This Period (last page this line number only) ►

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 18 / 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Burns for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 2970 Clairmont Rd., NE</p> <p>City Atlanta State GA Zip Code 30329</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B72F2DB4115A743FC86A</p> <p>Date of Disbursement 10 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 71.17</p> <p>Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Aristotle, Inc.</p> <p>Mailing Address 205 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003-1164</p> <p>Purpose of Disbursement Software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B9F2D46B6B2A942C3A75</p> <p>Date of Disbursement 10 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 2250.00</p> <p>Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Postmaster</p> <p>Mailing Address 475 L'Enfant Plaza SW</p> <p>City Washington State DC Zip Code 20260</p> <p>Purpose of Disbursement Post Office Box Rental Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B25D90AB7885347A9BD9</p> <p>Date of Disbursement 10 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 520.00</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2841.17

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 19 / 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Burns for Congress

A.	Full Name (Last, First, Middle Initial) Aristotle, Inc.	Transaction ID: B8E2BF62445EC4067BE3
	Mailing Address 205 Pennsylvania Ave SE	Date of Disbursement 10 / 11 / 2009
	City Washington State DC Zip Code 20003-1164	Amount of Each Disbursement this Period 137.50
	Purpose of Disbursement Transaction Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Brittany Bushmire	Transaction ID: B7816A3268C554DB5B0F
	Mailing Address 180 North Avenue	Date of Disbursement 10 / 13 / 2009
	City Washington State PA Zip Code 15301-3558	Amount of Each Disbursement this Period 200.92
	Purpose of Disbursement Salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Centra Bank	Transaction ID: B6A3F56B2033B4AC3902
	Mailing Address 13126 Pennsylvania Avenue	Date of Disbursement 10 / 19 / 2009
	City Hagerstown State MD Zip Code 21742	Amount of Each Disbursement this Period 1.00
	Purpose of Disbursement Bank Charges Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

339.42

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 20 / 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Burns for Congress

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Centra Bank</p> <p>Mailing Address 13126 Pennsylvania Avenue</p> <p>City Hagerstown State MD Zip Code 21742</p> <p>Purpose of Disbursement Bank Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B5ED0EE1D2CB44768A6C</p> <p>Date of Disbursement 10 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 9.45</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Dr, Ste 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Creative Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BCB288BD15D5744E2869</p> <p>Date of Disbursement 10 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 469.80</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Aristotle, Inc.</p> <p>Mailing Address 205 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003-1164</p> <p>Purpose of Disbursement Transaction Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B7E00AD3BABD74EDFAB1</p> <p>Date of Disbursement 10 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 2.75</p>

SUBTOTAL of Disbursements This Page (optional) ▶

482.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Burns for Congress

<p>A. Full Name (Last, First, Middle Initial) HSP Direct</p> <p>Mailing Address 13755 Sunrise Valley Dr, Ste 450</p> <p>City Herndon State VA Zip Code 20171</p> <p>Purpose of Disbursement Creative Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B9890C0AC859E4E4CABA</p> <p>Date of Disbursement 10 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1996.74</p>
<p>B. Full Name (Last, First, Middle Initial) Aristotle, Inc.</p> <p>Mailing Address 205 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003-1164</p> <p>Purpose of Disbursement Transaction Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B7DB3BC35483B4BE0849</p> <p>Date of Disbursement 10 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 7.25</p>
<p>C. Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 2970 Clairmont Rd., NE</p> <p>City Atlanta State GA Zip Code 30329</p> <p>Purpose of Disbursement Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BF93251F2AD15431AB91</p> <p>Date of Disbursement 10 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 91.42</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2095.41

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 22 / 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Burns for Congress

A. Full Name (Last, First, Middle Initial) Ontrax Systems <hr/> Mailing Address 1532 US 41 BYP-S #292 <hr/> City Venice State FL Zip Code 34293 <hr/> Purpose of Disbursement Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6E9F0EDDCBB9470EAA2 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 434.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) NPC Merchant Services <hr/> Mailing Address 7851 W 185th St <hr/> City Tinley Park State IL Zip Code 60477-6248 <hr/> Purpose of Disbursement Transaction Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B11745230B07D41B69E4 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 34.99
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Global Pay <hr/> Mailing Address 10 Glenlake Pkwy NE <hr/> City Atlanta State GA Zip Code 30328-3495 <hr/> Purpose of Disbursement Transaction Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC03B0780D2AC439E99E Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 49.23
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

518.22

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Burns for Congress

A.	Full Name (Last, First, Middle Initial) Paychex Mailing Address 2970 Clairmont Rd., NE City Atlanta State GA Zip Code 30329 Purpose of Disbursement Payroll Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6B7D94AB31484550B79 Date of Disbursement 11 / 03 / 2009 Amount of Each Disbursement this Period 30.00 Category/Type
B.	Full Name (Last, First, Middle Initial) Champ Printing Co. Mailing Address 730 4th Ave City Coraopolis State PA Zip Code 15108 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B4B46E3C0F0A24BD38D1 Date of Disbursement 11 / 09 / 2009 Amount of Each Disbursement this Period 1872.50 Category/Type
C.	Full Name (Last, First, Middle Initial) Aristotle, Inc. Mailing Address 205 Pennsylvania Ave SE City Washington State DC Zip Code 20003-1164 Purpose of Disbursement Transaction Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B251017F090A4403E93A Date of Disbursement 11 / 09 / 2009 Amount of Each Disbursement this Period 19.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

1921.50

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Burns for Congress

A. Full Name (Last, First, Middle Initial) Paychex <hr/> Mailing Address 2970 Clairmont Rd., NE <hr/> City Atlanta State GA Zip Code 30329 <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BFB2FB47D15314CB7BD6 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 52.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Direct Mail Processors, Inc. <hr/> Mailing Address 1150 Conrad Ct <hr/> City Hagerstown State MD Zip Code 21740-5905 <hr/> Purpose of Disbursement Direct Marketing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3CCD689FDBE044E2B9C Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1327.46
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Capitol Hill Lists, LLC <hr/> Mailing Address 264 N Lumpkin St, #202 <hr/> City Athens State GA Zip Code 30601 <hr/> Purpose of Disbursement List Acquisition Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BBD31D1585E544746B5B Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 2003.37
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3382.83
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Burns for Congress

<p>A. Full Name (Last, First, Middle Initial) Champ Printing Co.</p> <p>Mailing Address 730 4th Ave</p> <p>City Coraopolis State PA Zip Code 15108</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BA02E04631C134EBD8D7</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="637.92"/></p>
<p>B. Full Name (Last, First, Middle Initial) Aristotle, Inc.</p> <p>Mailing Address 205 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003-1164</p> <p>Purpose of Disbursement Transaction Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BA0624FAA052D4FBCA1B</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10.25"/></p>
<p>C. Full Name (Last, First, Middle Initial) Centra Bank</p> <p>Mailing Address 13126 Pennsylvania Avenue</p> <p>City Hagerstown State MD Zip Code 21742</p> <p>Purpose of Disbursement Bank Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B485B9A0D5E5D4D2992A</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="23.81"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Burns for Congress

<p>A. Full Name (Last, First, Middle Initial) Catterton Printing, Inc.</p> <p>Mailing Address 100 Post Office Road</p> <p>City Waldorf State MD Zip Code 20602-2767</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B8B200FB77F8F46E280F</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">1839.50</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	9	/	2	0	0	9	1839.50
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	9	/	2	0	0	9													
1839.50																						
<p>B. Full Name (Last, First, Middle Initial) Short Term Mail & Postage</p> <p>Mailing Address 13755 Sunrise Valley Dr Ste 450</p> <p>City Herndon State VA Zip Code 20171-4682</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BC9CB4CC01ED943C1BE9</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">9530.12</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	9	/	2	0	0	9	9530.12
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	9	/	2	0	0	9													
9530.12																						
<p>C. Full Name (Last, First, Middle Initial) Centra Bank</p> <p>Mailing Address 13126 Pennsylvania Avenue</p> <p>City Hagerstown State MD Zip Code 21742</p> <p>Purpose of Disbursement Bank Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BB7D4D2E6C75D45028F9</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">1.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	0	/	2	0	0	9	1.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	2	0	/	2	0	0	9													
1.00																						

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<table border="1"> <tr> <td style="font-size: 1.2em;">11370.62</td> </tr> </table>	11370.62
11370.62		
<p>TOTAL This Period (last page this line number only)</p>	<table border="1"> <tr> <td style="height: 20px;"> </td> </tr> </table>	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Burns for Congress

A. Full Name (Last, First, Middle Initial) Aristotle, Inc. <hr/> Mailing Address 205 Pennsylvania Ave SE <hr/> City Washington State DC Zip Code 20003-1164 <hr/> Purpose of Disbursement Transaction Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE57C138BCCE049B29E9 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 2.75
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Constant Contact <hr/> Mailing Address 1601 Trapelo Rd Ste 329 <hr/> City Waltham State MA Zip Code 02451-7357 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5A220D941E37482CA3F Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 53.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) NPC Merchant Services <hr/> Mailing Address 7851 W 185th St <hr/> City Tinley Park State IL Zip Code 60477-6248 <hr/> Purpose of Disbursement Transaction Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BDEA056F9B5C54E448BB Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 34.99
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

90.74

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Burns for Congress

A. Full Name (Last, First, Middle Initial) Aristotle, Inc. <hr/> Mailing Address 205 Pennsylvania Ave SE <hr/> City Washington State DC Zip Code 20003-1164 <hr/> Purpose of Disbursement Transaction Fees Candidate Name	Transaction ID: BDFC7CACD897A4F0D89B Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 8.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
B. Full Name (Last, First, Middle Initial) Global Pay <hr/> Mailing Address 10 Glenlake Pkwy NE <hr/> City Atlanta State GA Zip Code 30328-3495 <hr/> Purpose of Disbursement Transaction Fees Candidate Name	Transaction ID: BB70EB30766F14A4CB06 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 60.39
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
C. Full Name (Last, First, Middle Initial) Aristotle, Inc. <hr/> Mailing Address 205 Pennsylvania Ave SE <hr/> City Washington State DC Zip Code 20003-1164 <hr/> Purpose of Disbursement Transaction Fees Candidate Name	Transaction ID: B4EF5A93129CD413E9EA Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 9
	Amount of Each Disbursement this Period 44.40
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

112.79

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Burns for Congress

A. Full Name (Last, First, Middle Initial) NPC Merchant Services <hr/> Mailing Address 7851 W 185th St <hr/> City Tinley Park State IL Zip Code 60477-6248 <hr/> Purpose of Disbursement Transaction Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3EA97F6121694B0180F Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 39.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Aristotle, Inc. <hr/> Mailing Address 205 Pennsylvania Ave SE <hr/> City Washington State DC Zip Code 20003-1164 <hr/> Purpose of Disbursement Transaction Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA5D181C8F9304D1CAA3 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 10.30
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) East Meridian Strategies, LLC <hr/> Mailing Address 123 S West St <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Strategy Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B495695523D834AACB72 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 9
	Amount of Each Disbursement this Period 900.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional)	949.30
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Burns for Congress

A. Full Name (Last, First, Middle Initial) Aristotle, Inc. <hr/> Mailing Address 205 Pennsylvania Ave SE <hr/> City Washington State DC Zip Code 20003-1164 <hr/> Purpose of Disbursement Transaction Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BEBA2C1A8080949CEACC Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2.40
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Centra Bank <hr/> Mailing Address 13126 Pennsylvania Avenue <hr/> City Hagerstown State MD Zip Code 21742 <hr/> Purpose of Disbursement Bank Charges Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B70CBF2429C4B49F6B42 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Constant Contact <hr/> Mailing Address 1601 Trapelo Rd Ste 329 <hr/> City Waltham State MA Zip Code 02451-7357 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BCDD6D7D1F9AE4F3AAF6 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 9
	Amount of Each Disbursement this Period 50.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

53.40

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Burns for Congress

A. Full Name (Last, First, Middle Initial) Aristotle, Inc. <hr/> Mailing Address 205 Pennsylvania Ave SE <hr/> City Washington State DC Zip Code 20003-1164 <hr/> Purpose of Disbursement Transaction Fees Candidate Name	Transaction ID: B6164D13D8AAC43699C3 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 24.30
B. Full Name (Last, First, Middle Initial) Digital Donation, LLC <hr/> Mailing Address PO Box 82130 <hr/> City Baton Rouge State LA Zip Code 70884 <hr/> Purpose of Disbursement Transaction Fees Candidate Name	Transaction ID: BF9BA81D0D0C64D6D9D1 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 235.00

SUBTOTAL of Disbursements This Page (optional)	▶	259.30
TOTAL This Period (last page this line number only)	▶	31671.27

SCHEDULE C (FEC Form 3)

Use separate schedule(s)
for each category of the
Detailed Summary Page

LOANS

FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)
Burns for Congress

Transaction ID: C36E20E4024A64191A35

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Tim Burns	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 4483	
City Eighty Four State PA ZIP Code 15330-0483	

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred M M 1 2 D D 3 1 Y Y Y Y 2 0 0 9	Date Due 20101231	Interest Rate None % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	----------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	50000.00
TOTALS This Period (last page in this line only)	▶	[]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: (check only one) 13a 13b

LOANS

NAME OF COMMITTEE (In Full)
Burns for Congress

Transaction ID: CC3044F8EE9A5409394F

LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. Tim Burns	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 4483	
City Eighty Four State PA ZIP Code 15330-0483	
Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00
Balance Outstanding at Close of This Period 25000.00	

TERMS

Date Incurred MM DD YY YY 04 21 2009	Date Due 20101231	Interest Rate None % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	----------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="25000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value="75000.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.