

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="text"/>		Report Filed By: <input type="text"/>		CANDIDATE ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}				
Name of Filing Committee, Candidate or Lobbyist: <u>Friends of Jim Burns</u>												
Street Address: <u>372 Chestnut Avenue</u>												
City: <u>Kingston</u>				State: <u>PA</u>		Zip Code: <u>18704 -</u>						
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 <input type="checkbox"/> NO <input type="checkbox"/>					
	6TH TUESDAY PRE-ELECTION ^{4.}		2ND FRIDAY PRE-ELECTION ^{5.}		30 DAY POST-ELECTION ^{6.}		TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>					
	ANNUAL REPORT ^{7.} <input checked="" type="checkbox"/>		YEAR <input type="text"/>		FILING METHOD <input checked="" type="checkbox"/> CHECK ONE		PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>					
Name of Office Sought by Candidate:					DATE OF ELECTION		District Number	Office Code	Party Code	County Code		
					MO. DAY YEAR				<u>Dem</u>	<u>40</u>		
(SEE INSTRUCTIONS FOR CODES)												
Summary of Receipts and Expenditures from: <input type="text"/>					MO. DAY YEAR			MO. DAY YEAR			FOR OFFICE USE ONLY 2005 JAN 11 PM 1:52 RECEIVED BOARD OF ELECTIONS LUZERNE COUNTY, PA.	
					<u>1 1 2004</u>			<u>To 12 31 2004</u>				
A. Amount Brought Forward From Last Report					\$ <u>67.51</u>							
B. Total Monetary Contributions and Receipts (From Schedule I)					\$ <u>0</u>							
C. Total Funds Available (Sum of Lines A and B)					\$ <u>67.51</u>							
D. Total Expenditures (From Schedule III)					\$ <u>0</u>							
E. Ending Cash Balance (Subtract Line D from Line C)					\$ <u>67.51</u>							
F. Value of In-Kind Contributions Received (From Schedule II)					\$ <u>0</u>							
G. Unpaid Debts and Obligations (From Schedule IV)					\$ <u>70,255.00</u>							

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 11th day of January, 2005

Gmanda }
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 AMANDA L. HEIGES, Notary Public
 Kingston, Luzerne County
 My Commission Expires December 18, 2007

Mary Ellen Burns }
 Signature of Person Submitting Report
MARY ELLEN BURNS
 Printed Name
570 287-4274
 Area Code 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 11th day of January, 2005

Gmanda }
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 AMANDA L. HEIGES, Notary Public
 Kingston, Luzerne County
 My Commission Expires December 18, 2007

James E. Burns }
 Signature of Candidate
JAMES E. BURNS
 Printed Name
570 287-4274
 Area Code 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>FRIENDS OF JIM BURNS</i>	Reporting Period From <i>1-1-2004</i> To <i>12-31-2004</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>18904</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						

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						

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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