

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:	<input type="checkbox"/> CANDIDATE ^{1.}	<input checked="" type="checkbox"/> COMMITTEE ^{2.}	<input type="checkbox"/> LOBBYIST ^{3.}
-------------------------------------	-------------------------	--	---	---

Name of Filing Committee, Candidate, or Lobbyist:
Friends of Jim Burns

Street Address:
372 Chestnut Avenue

City: Kingston State: PA. Zip Code: 18704 - 3613

TYPE OF REPORT (place X to the right of report type)	<input type="checkbox"/> 6TH TUESDAY PRE-PRIMARY ^{1.}	<input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY ^{2.}	<input type="checkbox"/> 30 DAY POST-PRIMARY ^{3.}	<input type="checkbox"/> AMENDMENT REPORT? YES <input type="checkbox"/> NO
	<input type="checkbox"/> 6TH TUESDAY PRE-ELECTION ^{4.}	<input type="checkbox"/> 2ND FRIDAY PRE-ELECTION ^{5.}	<input type="checkbox"/> 30 DAY POST-ELECTION ^{6.}	<input type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO
	<input checked="" type="checkbox"/> ANNUAL REPORT ^{7.}	YEAR: <u>2005</u>	FILING METHOD: <input checked="" type="checkbox"/> CHECK ONE	<input checked="" type="checkbox"/> PAPER <input type="checkbox"/> DISKETTE

Name of Office Sought by Candidate:

DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR				

Dem 40
(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
	1	1	2005		12	31	2005	
A. Amount Brought Forward From Last Report	\$			<u>67.51</u>				RECEIVED 2006 JAN -9 PM 2:08 BOARD OF ELECTIONS LUZERNE COUNTY, PA.
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 9th day of January 2006

COMMONWEALTH OF PENNSYLVANIA
 DISTRICT JUDGE SEAL
 PAUL J. ROBERTS, JR. DIST. JUDGE 11-1-05
 KINGSTON BOROUGH, LUZERNE COUNTY
 MY COMMISSION EXPIRES JAN. 2, 2012

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 9th day of January 2006

COMMONWEALTH OF PENNSYLVANIA
 DISTRICT JUDGE SEAL
 PAUL J. ROBERTS, JR. DIST. JUDGE 11-1-05
 KINGSTON BOROUGH, LUZERNE COUNTY
 MY COMMISSION EXPIRES JAN. 2, 2012

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>1-1-2005</i> To <i>12-31-2005</i>
--	---

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 <i>7-21-93 To 11-1-1</i>	MO.	DAY	YEAR
City <i>KINGSTON</i>				State <i>PA</i>	Zip Code (Plus 4) <i>18704-3613</i>		
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>
