

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 Road									
CITY Harding			STATE PA		ZIP CODE 18643				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		DATE OF ELECTION		
6TH TUESDAY PRE-PRIMARY 1.				11	REP		MO. DAY YEAR		
2ND FRIDAY PRE-PRIMARY 2.									
30 DAY POST-PRIMARY 3.									
6TH TUESDAY PRE-ELECTION 4.									
2ND FRIDAY PRE-ELECTION 5.									
30 DAY POST-ELECTION 6.									
ANNUAL REPORT 7. <input checked="" type="checkbox"/>									
		DATES OF REPORTING PERIOD		MO. DAY YEAR		MO. DAY YEAR		FOR OFFICE USE ONLY	
				1 01 06		TO 12 31 06		RECEIVED 2007 JAN 26 PM 2:42 BOARD OF ELECTIONS LUZERNE COUNTY, PA.	
		CASH BALANCE AT END OF REPORTING PERIOD:		\$ 120.67					
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 5,018.68					
		AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>			
		TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>			

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
 23 DAY OF January 2007
 [Signature]
 SIGNATURE

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT

Mollie James
 PRINTED NAME

570 388-2164
 AREA CODE DAYTIME TELEPHONE NUMBER

MY COMMISSION EXPIRES June 14, 2010
 COMMONWEALTH OF PENNSYLVANIA YR.

NOTARIAL SEAL
 KELLI JAMES, Notary Public
 City of Williamsport
 My Commission Expires June 14, 2010

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
 _____ DAY OF _____ 20____

 SIGNATURE

[Signature]
 SIGNATURE OF CANDIDATE

William J. James
 PRINTED NAME

570 388-2164
 AREA CODE DAYTIME TELEPHONE NUMBER

MY COMMISSION EXPIRES _____
 MO. DAY YR.