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FEC FORM 2
STATEMENT OF CANDIDACY

| | | |
|---|---------------------------------------|--|
| 1. (a) Name of Candidate (in full) OTHELL MAXIE BURNS | | 2. Identification Number C 00412544 |
| (b) Address (number and street) <input type="checkbox"/> Check if address changed 5417 NEWINGTON HWY. | | |
| (c) City, State, and ZIP Code SYLVANIA, GA 30467 | | 3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A) |
| 4. Party Affiliation REPUBLICAN | 5. Office Sought U.S. HOUSE | 6. State & District of Candidate GEORGIA - 12 |

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2006 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

| | | |
|--|--|--|
| (a) Name of Committee (in full) FRIENDS OF MAX BURNS | | |
| (b) Address (number and street) P.O. BOX 1965 (1115 S. MAIN ST.) | | |
| (c) City, State, and ZIP Code SYLVANIA GA 30467 | | |

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

| | | |
|--|--|--|
| (a) Name of Committee (in full) SOUTHEAST ROMP | | |
| (b) Address (number and street) 228 S. WASHINGTON ST., SUITE 115 | | |
| (c) City, State, and ZIP Code ALEXANDRIA, VA 22314 | | |


DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

| | | | | |
|----|---|---|------|-------------------------------|
| 9A | , | , | 0.00 | for the primary election, and |
| 9B | , | , | 0.00 | for the general election. |

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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

| | |
|--|-----------------------|
| Signature of Candidate  | Date 8/3/06 |
|--|-----------------------|

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

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Federal Election Commission
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 8/9/06
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