

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 JENKINS TWP DEMOCRATS | | | | | | |
| STREET ADDRESS 28 MARKET ST | | | | | | |
| CITY INKERMAN | | STATE PA | ZIP CODE 18640 - | | | |
| TYPE OF REPORT (CHECK ONE) | NAME OF OFFICE SOUGHT BY CANDIDATE N/A | | DISTRICT NO. 3RD | PARTY DEM | | |
| | DATE OF ELECTION | | | | | |
| | MO. | | DAY | | YEAR | |
| | 11 | | 03 | | 2009 | |
| | 6TH TUESDAY PRE-PRIMARY | | 1. | | | |
| | 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 | | TO MO. DAY YEAR | | |
| | | 10 19 09 | | 12 31 09 | | |
| CASH BALANCE AT END OF REPORTING PERIOD: | | \$ 215. ¹⁴ | | | | |
| TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: | | \$ 0 | | | | |
| AMENDMENT REPORT? | | YES | NO | <input checked="" type="checkbox"/> | | |
| TERMINATION REPORT? | | YES | NO | <input checked="" type="checkbox"/> | | |
| FOR OFFICE USE ONLY | | | | | | |
| RECEIVED 2010 JAN 29 AM 9:56 BOARD OF ELECTIONS LUZERNE COUNTY, PA. | | | | | | |

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, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 27 DAY OF JANUARY 2010

Deirdre M. Yandle
 SIGNATURE OF PERSON SUBMITTING REPORT

Deirdre M. Yandle
 PRINTED NAME

570 655-4610
 AREA CODE DAYTIME TELEPHONE NUMBER

NOTARIAL SEAL
 DOMA M. KNAYER, Notary Public
 Wyoming, Luzerne County
 My Commission Expires July 25, 2013

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 OF CANDIDATE

 PRINTED NAME

 SIGNATURE

 AREA CODE DAYTIME TELEPHONE NUMBER

MY COMMISSION EXPIRES _____
 MO. DAY YR.