

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	X	LOBBYIST	3.		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST JENKINS TWP. DEMOCRATS									
STREET ADDRESS 28 MARKET ST									
CITY INKERMAN			STATE PA		ZIP CODE 18640-1420				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE N/A			DISTRICT NO. 3RD	PARTY DEM		DATE OF ELECTION		
	6TH TUESDAY PRE-PRIMARY			1.	MO.	DAY	YEAR		
	2ND FRIDAY PRE-PRIMARY			2.	MO.	DAY	YEAR		
	30 DAY POST-PRIMARY			3.	MO.	DAY	YEAR		
	6TH TUESDAY PRE-ELECTION			4.	MO.	DAY	YEAR		
	2ND FRIDAY PRE-ELECTION			5.	MO.	DAY	YEAR		
	30 DAY POST-ELECTION			6.	MO.	DAY	YEAR		
ANNUAL REPORT			7.	MO.	DAY	YEAR			
DATES OF REPORTING PERIOD			MO.	DAY	YEAR	TO	MO.	DAY	YEAR
			06	04	07	TO	10	22	07
CASH BALANCE AT END OF REPORTING PERIOD:			\$	425. ⁰⁰					
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:			\$	Ø					
AMENDMENT REPORT?			YES		NO	X			
TERMINATION REPORT?			YES		NO	X			
FOR OFFICE USE ONLY									
RECEIVED 2007 OCT 26 AM 9 BOARD OF ELECT LUZERNE COUNTY									

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

25th DAY OF October 2007

Josephine M. Howley
 JOSEPHINE M. HOWLEY, NOTARY PUBLIC
 PITTSBURGH, LUZERNE COUNTY
 MY COMMISSION EXPIRES JANUARY 2, 2008

Deirdre M. Yandle
 SIGNATURE OF PERSON SUBMITTING REPORT
DEIRDRE M. YANDLE
 PRINTED NAME
570 **313-1404**
 AREA CODE DAYTIME TELEPHONE NUMBER

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

MY COMMISSION EXPIRES _____
 MO. DAY YR.

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 AREA CODE DAYTIME TELEPHONE NUMBER