

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 TOWNSHIP DEMOCRATS							
STREET ADDRESS 28 MARKET ST							
CITY INKERMAN			STATE PA		ZIP CODE 18640 -		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION		
			3	DEM	MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY					05	16	2006
2ND FRIDAY PRE-PRIMARY							
30 DAY POST-PRIMARY							
6TH TUESDAY PRE-ELECTION							
2ND FRIDAY PRE-ELECTION							
30 DAY POST-ELECTION							
ANNUAL REPORT							
DATES OF REPORTING PERIOD		MO. DAY YEAR		MO. DAY YEAR		FOR OFFICE USE ONLY	
		01 01 06		TO 05 01 06		2006 MAY -6 AM 11:45 RECEIVED BOARD OF ELECTIONS LUZERNE COUNTY, PA.	
CASH BALANCE AT END OF REPORTING PERIOD:		\$ 848.96					
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ -0-					
AMENDMENT REPORT?		YES	NO				
TERMINATION REPORT?		YES	NO				

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
3rd DAY OF **May** 20**06**
Josephine M. Howley
 JOSEPHINE M. HOWLEY, NOTARY PUBLIC
 PITTSBURGH, LUZERNE COUNTY, PA.
 MY COMMISSION EXPIRES JANUARY 2, 2009

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