

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	COMMITTEE	LOBBYIST																		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST JENKINS TWP. DEMOCRATS																							
STREET ADDRESS 28 MARKET ST																							
CITY INKERMAN		STATE PA	ZIP CODE 18040																				
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE N/A		DISTRICT NO. 3RD	PARTY DEM																			
	DATES OF REPORTING PERIOD		DATE OF ELECTION																				
	<table border="1"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>10</td> <td>23</td> <td>06</td> </tr> </table> TO <table border="1"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>11</td> <td>27</td> <td>06</td> </tr> </table>		MO.	DAY	YEAR	10	23	06	MO.	DAY	YEAR	11	27	06	<table border="1"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			MO.	DAY	YEAR			
	MO.	DAY	YEAR																				
	10	23	06																				
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MO.	DAY	YEAR																					
CASH BALANCE AT END OF REPORTING PERIOD: \$ 564.14		FOR OFFICE USE ONLY RECEIVED 2006 DEC - 8 AM 9:50 BOARD OF ELECTIONS LUZERNE COUNTY, PA.																					
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ Ø																							
<table border="1"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> </tr> </table>					AMENDMENT REPORT?	YES	NO	TERMINATION REPORT?	YES	NO													
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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
6th DAY OF **December** 20**06**
Evelyn P. DelPriore
 COMMONWEALTH OF PENNSYLVANIA
 MY COMMISSION EXPIRES _____
 Notarial Seal
Evelyn P. DelPriore, Notary Public
 City Of Pittston, Luzerne County
 My Commission Expires Sept. 10, 2010
 Member, Pennsylvania Association of Notaries

Deirdre M. Gandle
 SIGNATURE OF PERSON SUBMITTING REPORT
DEIRDRE M. GANDLE
 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. 1933, 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