

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 <input type="checkbox"/>	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>JENKINS TWP. DEMOCRATS</b>					
STREET ADDRESS <b>28 MARKET ST</b>					
CITY <b>INKERMAN</b>		STATE <b>PA</b>	ZIP CODE <b>18640-</b>		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <b>N/A</b>		DISTRICT NO. <b>3RD</b>	PARTY <b>DEM</b>	DATE OF ELECTION
					MO. DAY YEAR <b>05 17 05</b>
6TH TUESDAY PRE-PRIMARY 1.					FOR OFFICE USE ONLY  RECEIVED 2005 JUN 15 AM 10:42 BOARD OF ELECTIONS LUZERNE COUNTY, PA.
2ND FRIDAY PRE-PRIMARY 2.	DATES OF REPORTING PERIOD		MO. DAY YEAR TO MO. DAY YEAR <b>05 06 05 TO 06 06 05</b>		
30 DAY POST-PRIMARY <input checked="" type="checkbox"/> 3.	CASH BALANCE AT END OF REPORTING PERIOD: \$ <b>402.28</b>				
6TH TUESDAY PRE-ELECTION 4.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <b>-0-</b>				
2ND FRIDAY PRE-ELECTION 5.	AMENDMENT REPORT?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
30 DAY POST-ELECTION 6.	TERMINATION REPORT?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
ANNUAL REPORT 7.					

**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  
10 DAY OF June 2005

*Marie J. Griglock*  
 COMMONWEALTH OF PENNSYLVANIA  
 MY COMMISSION EXPIRES 3/31/09  
 NOTARIAL SEAL DAY YR.  
 MARIE J. GRIGLOCK, NOTARY PUBLIC  
 PITTSTON, LUZERNE COUNTY  
 MY COMMISSION EXPIRES MARCH 31, 2009

*Deirdre M. Handle*  
 SIGNATURE OF PERSON SUBMITTING REPORT  
**DEIRDRE M. HANDLE**  
 PRINTED NAME  
570 655-4610  
 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