

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 0046	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 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	
1. 6TH TUESDAY PRE-PRIMARY	DISTRICT NO. 3	
2. 2ND FRIDAY PRE-PRIMARY	PARTY DEM	
3. 30 DAY POST-PRIMARY <input checked="" type="checkbox"/>	DATE OF ELECTION MO. DAY YEAR 05 15 2007	
4. 6TH TUESDAY PRE-ELECTION	FOR OFFICE USE ONLY	
5. 2ND FRIDAY PRE-ELECTION	2007 JUN 12 AM 9:27 RECEIVED BOARD OF ELECTIONS LUZERNE COUNTY, PA.	
6. 30 DAY POST-ELECTION	DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 03 26 07 TO 06 04 07	
7. ANNUAL REPORT	CASH BALANCE AT END OF REPORTING PERIOD: \$ 475.14	
	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"/>	

**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  
 14 DAY OF June 20 07

Signature of Person Submitting Report: *Deirdre M. Handle*  
 PRINTED NAME: DEIRDRE M. HANDLE

Signature: *Josephine M. Howley*  
 MY COMMISSION EXPIRES: \_\_\_\_\_

NOTARIAL SEAL  
 JOSEPHINE M. HOWLEY, NOTARY PUBLIC  
 PITTSTON CITY, LUZERNE COUNTY  
 MY COMMISSION EXPIRES JANUARY 2, 2008

Area Code: 570 Daytime Telephone Number: 655-4610

**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: \_\_\_\_\_  
 MY COMMISSION EXPIRES: \_\_\_\_\_

Area Code: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_