

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 <sup>1</sup>	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST <sup>3</sup>																			
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)  <input type="checkbox"/> 1. 6TH TUESDAY PRE-PRIMARY <input type="checkbox"/> 2. 2ND FRIDAY PRE-PRIMARY <input type="checkbox"/> 3. 30 DAY POST-PRIMARY <input type="checkbox"/> 4. 6TH TUESDAY PRE-ELECTION <input type="checkbox"/> 5. 2ND FRIDAY PRE-ELECTION <input type="checkbox"/> 6. 30 DAY POST-ELECTION <input checked="" type="checkbox"/> ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE <b>N/A</b>		DISTRICT NO. <b>3RD</b>	PARTY <b>DEM</b>																				
	DATES OF REPORTING PERIOD <table border="1" style="display: inline-table; margin-right: 10px;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>11</td><td>27</td><td>06</td></tr> </table> TO <table border="1" style="display: inline-table;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>12</td><td>31</td><td>06</td></tr> </table>			MO.	DAY	YEAR	11	27	06	MO.	DAY	YEAR	12	31	06	DATE OF ELECTION <table border="1" style="display: inline-table;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>11</td><td>7</td><td>06</td></tr> </table>			MO.	DAY	YEAR	11	7	06
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	11	27	06																					
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	MO.	DAY	YEAR																					
11	7	06																						
CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>564.14</u>			FOR OFFICE USE ONLY RECEIVED 2007 JAN 29 AM 10:51 BOARD OF ELECTIONS LUZERNE COUNTY, PA.																					
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>Ø</u>																								
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  
23 DAY OF January 2007

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

*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