

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 TWP. DEMOCRATS								
STREET ADDRESS 28 MARKET ST INKERMANN								
CITY PITTSTON			STATE PA		ZIP CODE 18640			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE N/A		DISTRICT NO. 3RD	PARTY DEM		DATE OF ELECTION		
						MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		MO.	DAY	YEAR	FOR OFFICE USE ONLY RECEIVED 2008 JAN 31 AM 9: BOARD OF ELECTIONS LUZERNE COUNTY, PA	
2ND FRIDAY PRE-PRIMARY	2.	MO.	DAY	YEAR	MO.	DAY		YEAR
30 DAY POST-PRIMARY	3.							
6TH TUESDAY PRE-ELECTION	4.	CASH BALANCE AT END OF REPORTING PERIOD:		\$ 425.14				
2ND FRIDAY PRE-ELECTION	5.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ Ø				
30 DAY POST-ELECTION	6.	AMENDMENT REPORT?		YES	NO	X		
ANNUAL REPORT	X	TERMINATION REPORT?		YES	NO	X		

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
30th DAY OF January 2008
 COMMONWEALTH OF PENNSYLVANIA
 Evelyn P. DeLorenzo, Notary Public
 City Of Pittston, Luzerne County
 My Commission Expires Sept. 10, 2010
 Member, Pennsylvania Association of Notaries

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