

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	<input checked="" type="checkbox"/>	LOBBYIST	3.
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		DISTRICT NO.	PARTY		DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY 1.		N/A		3	DEM		MO. DAY YEAR	
2ND FRIDAY PRE-PRIMARY 2.		DATES OF REPORTING PERIOD		MO. DAY YEAR		FOR OFFICE USE ONLY		
30 DAY POST-PRIMARY 3.		MO. DAY YEAR		MO. DAY YEAR		RECEIVED 2009 JAN 29 PM 2:02 BOARD OF ELECTIONS LUZERNE COUNTY, PA.		
6TH TUESDAY PRE-ELECTION 4.		01 01 08		12 31 08				
2ND FRIDAY PRE-ELECTION 5.		CASH BALANCE AT END OF REPORTING PERIOD: \$ 384.14						
30 DAY POST-ELECTION 6.		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0						
ANNUAL REPORT 7. <input checked="" type="checkbox"/>		AMENDMENT REPORT?		YES	NO			
		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
 27th DAY OF January 2009
 Evelyn D. DelCorione
 SIGNATURE
 MY COMMISSION EXPIRES 08-10-2010
 MO. DAY YR.

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.

Notarial Seal
 Evelyn D. DelCorione
 City Of Pittston, Luzerne County
 My Commission Expires Sept. 10, 2010

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