

CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| | | | | |
|------------------------------------|-------------------------|-------------------------|---|------------------------|
| File Identification Number: | Report Filed By: | CANDIDATE ^{1.} | COMMITTEE ^{2.} <input checked="" type="checkbox"/> | LOBBYIST ^{3.} |
|------------------------------------|-------------------------|-------------------------|---|------------------------|

Name of Filing Committee, Candidate or Lobbyist:
Evans / Desiderio 2009

Street Address:
51 East Carey Street

City: **Plains** State: **Pa** Zip Code: **18705 -**

| | | | | |
|---|--|---------------------------------------|--|---|
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY ^{1.} | 2ND FRIDAY PRE-PRIMARY ^{2.} | 30 DAY POST-PRIMARY ^{3.} | AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| | 6TH TUESDAY PRE-ELECTION ^{4.} | 2ND FRIDAY PRE-ELECTION ^{5.} | 30 DAY POST-ELECTION ^{6.} | TERMINATION REPORT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| | ANNUAL REPORT ^{7.} | YEAR <input type="checkbox"/> | FILING METHOD () CHECK ONE <input type="checkbox"/> | PAPER <input type="checkbox"/> DISKETTE <input type="checkbox"/> |

Name of Office Sought by Candidate:

DATE OF ELECTION: MO. **5** DAY **19** YEAR **2009**

District Number: Office Code: Party Code: County Code:

(SEE INSTRUCTIONS FOR CODES)

| | | | | | |
|---|--|----|------------------|---|--|
| Summary of Receipts and Expenditures from: | MO. DAY YEAR | To | MO. DAY YEAR | FOR OFFICE USE ONLY RECEIVED JUN 22 PM 3:29 OFFICE OF ELECTIONS LUZERNE COUNTY, PA. | |
| | 6 9 2009 | | 6 22 2009 | | |
| | A. Amount Brought Forward From Last Report | \$ | 2044.88 | | |
| | B. Total Monetary Contributions and Receipts (From Schedule I) | \$ | 0 | | |
| | C. Total Funds Available (Sum of Lines A and B) | \$ | 0 | | |
| | D. Total Expenditures (From Schedule III) | \$ | 2044.88 | | |
| | E. Ending Cash Balance (Subtract Line D from Line C) | \$ | 0 | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | | | | |

AFFIDAVIT SECTION

PART I If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this **19th** day of **June** 20**09**

Lynn M. Evans Notary Seal
Lynn M. Evans, Notary Public
Plains Twp., Luzerne County
My Commission Expires Jan. 13, 2010

Michelle Desiderio Signature of Person Submitting Report
Michelle Desiderio Printed Name
208-1487 Daytime Telephone Number

MO. **1** DAY **13** YEAR **2010** Commission Expires

PART II If this is a report of a Candidate's Authorized Committee, candidate shall 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 **22nd** day of **June** 20**09**

David Panabieri Notary Seal
David Panabieri, Notary Public
Plains Twp., Luzerne County
My Commission Expires May 22, 2011

Lynn Evans Michael Desiderio Signature of Candidate
LYNN EVANS Michael Desiderio Printed Name
570 Area Code **820 4048** Daytime Telephone Number

**SCHEDULE III
STATEMENT OF EXPENDITURES**

| | |
|--|--|
| Name of Filing Committee or Candidate EVANS/Desiderio 2009 | Reporting Period From 6/9/2009 To 6/22/2009 |
|--|--|

| | | | | |
|--|--------------------|---|---------------------|-----------------------------|
| To Whom Paid LYNN EVANS 2009 | MO. 6 | DAY 22 | YEAR 2009 | Amount \$ 2044.88 |
| Mailing Address 51 East Carey St | | Description of Expenditure Transfer/Donation of | | |
| City Plains | State Pa | Zip Code (Plus 4) 18705 - | | Amount \$ |

| | | | | |
|-----------------|-------|----------------------------|------|---------------------|
| To Whom Paid | MO. | DAY | YEAR | Amount \$ |
| Mailing Address | | Description of Expenditure | | |
| City | State | Zip Code (Plus 4) | | Amount \$ |

| | | | | |
|-----------------|-------|----------------------------|------|---------------------|
| To Whom Paid | MO. | DAY | YEAR | Amount \$ |
| Mailing Address | | Description of Expenditure | | |
| City | State | Zip Code (Plus 4) | | Amount \$ |

| | | | | |
|-----------------|-------|----------------------------|------|---------------------|
| To Whom Paid | MO. | DAY | YEAR | Amount \$ |
| Mailing Address | | Description of Expenditure | | |
| City | State | Zip Code (Plus 4) | | Amount \$ |

| | | | | |
|-----------------|-------|----------------------------|------|---------------------|
| To Whom Paid | MO. | DAY | YEAR | Amount \$ |
| Mailing Address | | Description of Expenditure | | |
| City | State | Zip Code (Plus 4) | | Amount \$ |

| | | | | |
|-----------------|-------|----------------------------|------|---------------------|
| To Whom Paid | MO. | DAY | YEAR | Amount \$ |
| Mailing Address | | Description of Expenditure | | |
| City | State | Zip Code (Plus 4) | | Amount \$ |

| | | | | |
|-----------------|-------|----------------------------|------|---------------------|
| To Whom Paid | MO. | DAY | YEAR | Amount \$ |
| Mailing Address | | Description of Expenditure | | |
| City | State | Zip Code (Plus 4) | | Amount \$ |

| | | | | |
|-----------------|-------|----------------------------|------|---------------------|
| To Whom Paid | MO. | DAY | YEAR | Amount \$ |
| Mailing Address | | Description of Expenditure | | |
| City | State | Zip Code (Plus 4) | | Amount \$ |

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

| |
|--|
| PAGE TOTAL \$ 2044.88 |
|--|