

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	<input checked="" type="checkbox"/>	COMMITTEE	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Debbie Stallone DeSando									
STREET ADDRESS 607 Milwaukee Avenue									
CITY Old Forge			STATE PA		ZIP CODE 18518				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		DATE OF ELECTION		
6TH TUESDAY PRE-PRIMARY		Old Forge School Director			REP		MO.	DAY	
2ND FRIDAY PRE-PRIMARY							11	6	
30 DAY POST-PRIMARY							2007		
6TH TUESDAY PRE-ELECTION									
2ND FRIDAY PRE-ELECTION									
30 DAY POST-ELECTION									
ANNUAL REPORT									
		DATES OF REPORTING PERIOD		MO. DAY YEAR		MO. DAY YEAR		FOR OFFICE USE ONLY	
				6 4 07		TO 10 22 07		2007 OCT 18 P 1:27 LACKAWANNA COUNTY BUREAU OF ELECTIONS	
		CASH BALANCE AT END OF REPORTING PERIOD:		\$		0			
		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.

Magisterial District Judge
 THE COURT AND SUBSCRIBED BEFORE ME THIS
 18th day of October 2007
 Magisterial Court of North
 1 Maxson Drive
 Old Forge PA 18518
 My Commission Expires
 January 02, 2012

Signature: *Debbie Stallone DeSando*
 Signature of Person Submitting Report: *Debbie Stallone DeSando*
 Printed Name: Debbie Stallone DeSando
 Area Code: 570
 Daytime Telephone Number: 451-1019

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

 SIGNATURE OF CANDIDATE

 PRINTED NAME

MY COMMISSION EXPIRES _____
 MO. DAY YR.

 AREA CODE

 DAYTIME TELEPHONE NUMBER