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 2. X	LOBBYIST 3.

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST: FRIENDS OF VITO DELUCA

STREET ADDRESS: 556 FIFTH STREET MANOR

CITY: WEST WYOMING | STATE: PA | ZIP CODE: 18644

TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	1.	DISTRICT ATTORNEY		DEM	11	06	2007
2ND FRIDAY PRE-PRIMARY	2.						
30 DAY POST-PRIMARY	3.						
6TH TUESDAY PRE-ELECTION	4.						
2ND FRIDAY PRE-ELECTION	5.						
30 DAY POST-ELECTION	6.						
ANNUAL REPORT	7. X						

DATES OF REPORTING PERIOD: MO. 11 DAY 27 YEAR 07 TO MO. 12 DAY 31 YEAR 07

CASH BALANCE AT END OF REPORTING PERIOD: $ 1251.88

TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: $ 0

	YES		NO	
AMENDMENT REPORT?	YES		NO	X
TERMINATION REPORT?	YES		NO	X

FOR OFFICE USE ONLY

RECEIVED 2008 JAN 29 AM 11:16 BOARD OF ELECTIONS LUZERNE COUNTY, PA.

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 29th DAY OF January 2008

COMMONWEALTH OF PENNSYLVANIA Notarial Seal Theresa M. Schlosck, Notary Public, Borough of Luzerne, Luzerne County My Commission Expires April 20, 2008 Member, Pennsylvania Association Of Notaries

SIGNATURE

MY COMMISSION EXPIRES ____ MO. ____ DAY ____ YR.

SIGNATURE OF PERSON SUBMITTING REPORT

PRINTED NAME: THOMAS SCAPPATICCI

AREA CODE: 570 DAYTIME TELEPHONE NUMBER: 693-5010

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 29th DAY OF January 2008

COMMONWEALTH OF PENNSYLVANIA Notarial Seal Theresa M. Schlosck, Notary Public, Borough of Luzerne, Luzerne County My Commission Expires April 20, 2008 Member, Pennsylvania Association Of Notaries

SIGNATURE

MY COMMISSION EXPIRES ____ MO. ____ DAY ____ YR.

SIGNATURE OF CANDIDATE

PRINTED NAME: VITO J DELUCA

AREA CODE: 570 DAYTIME TELEPHONE NUMBER: 735-3733