

Campaign Finance Report

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

Filer Identification Number: ▶		Report Filed by: ▶		CANDIDATE ^{1.}	COMMITTEE ^{2.} <input checked="" type="checkbox"/>	LOBBYIST ^{3.}		
Committee to Re-Elect Michael L. Morreale								
Street Address: 220 East 8th Street								
City: Wyoming				State: PA	Zip Code: 18644			
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. <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30-DAY POST-ELECTION	6.		
	ANNUAL REPORT	7.	YEAR 2007		FILING METHOD (<input checked="" type="checkbox"/>) CHECK ONE			
				PAPER <input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate: Luzerne County Treasurer				DATE OF ELECTION		District Number		
				MO.	DAY	YEAR		
				11	06	2007		
				OTH	DEM	040		
				(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:		MO.	DAY	YEAR	To	MO.	DAY	YEAR
		05	01	2007		06	04	2007
A. Amount Brought Forward From Last Report				\$ 4,023.31	2007 JUN 13 PM 2:51 RECEIVED BOARD OF ELECTIONS LUZERNE COUNTY, PA			
B. Total Monetary Contributions and Receipts (From Schedule I)				\$ 0.00				
C. Total Funds Available (Sum of Lines A and B)				\$ 4,023.31				
D. Total Expenditures (From Schedule III)				\$ 3,364.90				
E. Ending Cash Balance (Subtract Line D from Line C)				\$ 659.01				
F. Value of In-Kind Contributions Received (From Schedule II)				\$ 0.00				
G. Unpaid Debts and Obligations (From Schedule IV)				\$ -16,110.00				

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 13th day of June

Signature: Debra J. McNulty

My commission expires May 13 2008
MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
DEBRA J. McNULTY, NOTARY PUBLIC
WILKES BARRE CITY, LUZERNE COUNTY
MY COMMISSION EXPIRES MAY 13, 2008

Signature of Person Submitting Report: Dominick DePolo

Printed Name: _____

(570) 825-1785
Area Code Daytime Telephone Number

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 13th day of June

Signature: Michael L. Morreale

My commission expires May 13 2008
MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
DEBRA J. McNULTY, NOTARY PUBLIC
WILKES BARRE CITY, LUZERNE COUNTY
MY COMMISSION EXPIRES MAY 13, 2008

Signature of Candidate: Michael L. Morreale

Printed Name: Michael L. Morreale

(570) 825-1786
Area Code Daytime Telephone Number

SCHEDULE I
Contributions and Receipts

Detailed Summary Page

Name of Filing Committee or Candidate Committee to ReElect Michael L. Morreale	Reporting Period From <u>5/1/2007</u> To <u>6/4/2007</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period (1)	\$ 0.00
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2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)

Contributions Received from Political Committees (Part A)	\$ 0.00
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All Other Contributions (Part B)	\$ 0.00
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TOTAL for the Reporting Period (2)	\$ 0.00
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3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)

Contributions Received from Political Committees (Part C)	\$ 0.00
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All Other Contributions (Part D)	\$ 0.00
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TOTAL for the Reporting Period (3)	\$ 0.00
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4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)

TOTAL for the Reporting Period (4)	\$ 0.00
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TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ 0.00
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SCHEDULE III

STATEMENT OF EXPENDITURES

Name of filing committee or Candidate Committee to ReElect Michael L. Morreale	Reporting Period From <u>5/1/2007</u> To <u>6/4/2007</u>
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To Whom Paid	MO.	DAY	YEAR	Amount
Special Olympics, PA	05	11	2007	\$ 10.00
Mailing Address PO Box 7578		Description of Contribution Donation		
City Philadelphia	State PA	Zip Code (Plus 4) 19101-7578		
To Whom Paid Convention Hall	05	17	2007	\$ 3292.45
Mailing Address 173 Oak Street		Description of Contribution Deposit for Fundraiser		
City Pittston	State PA	Zip Code (Plus 4) 18640-0000		
To Whom Paid Wachovia Bank N.A.			2007	\$ 61.85
Mailing Address PO Box 40031		Description of Contribution 01/07 to 04/07 Bank Account Changes		
City Roanoke	State VA	Zip Code (Plus 4) 24022-0031		
To Whom Paid				\$
Mailing Address		Description of Contribution		
City	State	Zip Code (Plus 4)		
To Whom Paid				\$
Mailing Address		Description of Contribution		
City	State	Zip Code (Plus 4)		
To Whom Paid				\$
Mailing Address		Description of Contribution		
City	State	Zip Code (Plus 4)		
To Whom Paid				\$
Mailing Address		Description of Contribution		
City	State	Zip Code (Plus 4)		
To Whom Paid				\$
Mailing Address		Description of Contribution		
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL \$ 3,364.30

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations
Which are outstanding at the end of the reporting period.

Name of filing committee or Candidate Committee to ReElect Michael L. Morreale	Reporting Period From <u>5/1/07</u> To <u>6/4/2007</u>
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Name of Creditor Michael L. Morreale				Outstanding Balance of Debt \$ 16,110.00
Mailing Address 357 Renfer Road	MO.	DAY	YEAR	
City Pittston Twp.	State PA	Zip Code (Plus 4) 18640-0000 -		
Description of Debt Loans to ReElection Committee				
Name of Creditor				Outstanding Balance of Debt \$
Mailing Address	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4) -		
Description of Debt				
Name of Creditor				Outstanding Balance of Debt \$
Mailing Address	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4) -		
Description of Debt				
Name of Creditor				Outstanding Balance of Debt \$
Mailing Address	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4) -		
Description of Debt				
Name of Creditor				Outstanding Balance of Debt \$
Mailing Address	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4) -		
Description of Debt				
Name of Creditor				Outstanding Balance of Debt \$
Mailing Address	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4) -		
Description of Debt				
Name of Creditor				Outstanding Balance of Debt \$
Mailing Address	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4) -		
Description of Debt				

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL \$ 16,110.00
