

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 <sup>1.</sup>	COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>	LOBBYIST <sup>3.</sup>					
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>FRIENDS OF VETO DELUCA</i>									
STREET ADDRESS <i>556 FIFTH STREET MANOR</i>									
CITY <i>WEST WYOMING,</i>		STATE <i>PA</i>	ZIP CODE <i>18644-</i>						
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION				
	<i>DISTRICT ATTORNEY</i>			<i>DEM</i>	MO.	DAY	YEAR		
	6TH TUESDAY PRE-PRIMARY	1.			<i>11</i>	<i>06</i>	<i>2007</i>		
	2ND FRIDAY PRE-PRIMARY	2.			FOR OFFICE USE ONLY				
	30 DAY POST-PRIMARY	3.			RECEIVED 2011 JAN 27 PM 3:46 BOARD OF ELECTIONS LUZERNE COUNTY, PA.				
	6TH TUESDAY PRE-ELECTION	4.							
	2ND FRIDAY PRE-ELECTION	5.							
30 DAY POST-ELECTION	6.								
ANNUAL REPORT	7.			<input checked="" type="checkbox"/>					
DATES OF REPORTING PERIOD		NO.	DAY	YEAR	TO		NO.	DAY	YEAR
		<i>01</i>	<i>01</i>	<i>2010</i>			<i>02</i>	<i>31</i>	<i>2010</i>
CASH BALANCE AT END OF REPORTING PERIOD:		\$ <i>4,251.88</i>							
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <i>73,653.79</i>							
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.

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
*25th* DAY OF *Jan* 20*11*  
 SIGNATURE  
 MY COMMISSION EXPIRES \_\_\_\_\_ MO. DAY YR.

SIGNATURE OF PERSON SUBMITTING REPORT  
*Thomas Scappaticce*  
 PRINTED NAME  
 THOMAS SCAPPATICCE  
 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  
*25th* DAY OF *Jan* 20*11*  
 SIGNATURE  
 MY COMMISSION EXPIRES \_\_\_\_\_ MO. DAY YR.

SIGNATURE OF CANDIDATE  
*VITO J DELUCA*  
 PRINTED NAME  
 VITO J DELUCA  
 AREA CODE *570* DAYTIME TELEPHONE NUMBER *288-8000*

NOTARIAL SEAL  
 STEPHEN J. BACHMAN, Notary Public  
 Kingston Boro., Luzerne County  
 My Commission Expires August 28, 2014

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