

Commonwealth of Pennsylvania  
**CAMPAIGN FINANCE REPORT**

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

<b>Filer Identification Number:</b>		<b>Report Filed By:</b>		1. CANDIDATE		2. COMMITTEE <input checked="" type="checkbox"/>		3. LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: <i>Committee to Elect James T. Lesko</i>										
Street Address: <i>26 Regina Street</i>										
City: <i>HANOVER Twp.</i>				State: <i>Pa</i>		Zip Code: <i>18706 -</i>				
<b>TYPE OF REPORT</b>  (place X to the right of report type)	1ST TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?		YES	NO
	4TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?		YES	NO
	ANNUAL REPORT	7.	YEAR		FILING METHOD ( <input checked="" type="checkbox"/> ) CHECK ONE		PAPER		DISKETTE	
Name of Office Sought by Candidate: <i>DISTRICT JUSTICE</i>					<b>DATE OF ELECTION</b>		District Number	Office Code	Party Code	County Code
					MO. DAY YEAR		<i>11/2/03</i>	<i>OTHER</i>	<i>Dem.</i>	<i>40</i>
							(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>			MO. DAY YEAR			MO. DAY YEAR			FOR OFFICE USE ONLY	
			<i>1 1 2009</i>			To <i>12 31 2009</i>			RECEIVED 2010 JAN -7 PM 12:00 BOARD OF ELECTIONS LUZERNE COUNTY, PA.	
A. Amount Brought Forward From Last Report						\$ <i>-0-</i>				
B. Total Monetary Contributions and Receipts (From Schedule I)						\$ <i>-0-</i>				
C. Total Funds Available (Sum of Lines A and B)						\$ <i>-0-</i>				
D. Total Expenditures (From Schedule III)						\$ <i>-0-</i>				
E. Ending Cash Balance (Subtract Line D from Line C)						\$ <i>-0-</i>				
F. Value of In-Kind Contributions Received (From Schedule II)						\$				
G. Unpaid Debts and Obligations (From Schedule IV)						\$ <i>&lt; 8,153.71</i>				

**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

*4th* day of *January* 20 *10*  
*Josephine M. Howley*  
 Notarial Seal  
 Signature of Josephine M. Howley, Notary Public  
 Pittston City, Luzerne County  
 My commission expires January 2, 2012

*William J. Lesko*  
 Signature of Person Submitting Report  
*William J. Lesko*  
 Printed Name  
*570* Area Code *654-8004* 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

*4th* day of *January* 20 *10*  
*Josephine M. Howley*  
 Notarial Seal  
 Signature of Josephine M. Howley, Notary Public  
 Pittston City, Luzerne County  
 My commission expires January 2, 2012

*James T. Lesko*  
 Signature of Candidate  
*JAMES T. LESKO*  
 Printed Name  
*570* Area Code *654-0373* Daytime Telephone Number

**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	Reporting Period
	From <u>1/1/2009</u> To <u>12/31/09</u>

Name of Creditor <u>JAMES T. LESHO</u>					Outstanding Balance of Debt <b>\$ 8,153.17</b>	
Mailing Address <u>26 REGINA STREET</u>		DATE DEBT INCURRED	MO.	DAY	YEAR	ETC
City <u>HANOVER Twp. Pa. 18706</u>			<u>2</u>	<u>1</u>	<u>1992</u>	
		State	Zip Code (Plus 4)			
Description of Debt <u>LOAN TO COMMITTEE - see Report Filed 2/1/94</u>						

Name of Creditor					Outstanding Balance of Debt <b>\$</b>	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City						
		State	Zip Code (Plus 4)			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt <b>\$</b>	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City						
		State	Zip Code (Plus 4)			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt <b>\$</b>	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City						
		State	Zip Code (Plus 4)			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt <b>\$</b>	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City						
		State	Zip Code (Plus 4)			
Description of Debt						

Name of Creditor					Outstanding Balance of Debt <b>\$</b>	
Mailing Address		DATE DEBT INCURRED	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.

<b>PAGE TOTAL</b> <b>\$ 8,153.17</b>
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