

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.)

| | | | | | | | | | | | |
|--|--|---|----------------------------|--------------|---|----------------------|--|--------------|--|-------------|--|
| Filer Identification Number: <input type="checkbox"/> | | Report Filed By: <input type="checkbox"/> | | CANDIDATE 1. | | COMMITTEE 2. | | LOBBYIST 3. | | | |
| Name of Filing Committee, Candidate or Lobbyist: <i>COMMITTEE TO ELECT JAMES T. LESTO</i> | | | | | | | | | | | |
| Street Address: <i>26 Reginn Street</i> | | | | | | | | | | | |
| City: <i>HANDOVER TWP.</i> | | | | | State: <i>Pa.</i> | | Zip Code: <i>18706 -</i> | | | | |
| 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. | | AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |
| | 6TH TUESDAY PRE-ELECTION 4. | | 2ND FRIDAY PRE-ELECTION 5. | | 30 DAY POST ELECTION 6. | | TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |
| | ANNUAL REPORT 7. <input checked="" type="checkbox"/> | | YEAR <i>2008</i> | | FILING METHOD (X) CHECK ONE <input checked="" type="checkbox"/> | | PAPER <input type="checkbox"/> DISKETTE <input type="checkbox"/> | | | | |
| Name of Office Sought by Candidate: <i>DISTRICT JUSTICE</i> | | | | | DATE OF ELECTION | | District Number | Office Code | Party Code | County Code | |
| | | | | | MO. DAY YEAR | | <i>11/2008</i> | <i>Other</i> | <i>Rep. Dem.</i> | <i>40</i> | |
| | | | | | | | (SEE INSTRUCTIONS FOR CODES) | | | | |
| Summary of Receipts and Expenditures from: <input type="checkbox"/> | | | MO. DAY YEAR | | | MO. DAY YEAR | | | FOR OFFICE USE ONLY RECEIVED 2009 JAN 27 AM 10:22 BOARD OF ELECTIONS LUZERNE COUNTY, PA. | | |
| | | | <i>1 1 2008</i> | | | <i>To 12 31 2008</i> | | | | | |
| 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>28,153.71.</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

21st day of *January* 20 *09*

Josephine M. Howley
 Notarial Seal
 Josephine M. Howley, Notary Public
 Pittston City, Luzerne County
 My commission expires *January 2, 2012*
 MO. DAY YR.

William J. Lesto
 Signature of Person Submitting Report
William J. Lesto
 Printed Name
570 *654-8004*
 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

21st day of *January* 20 *09*

Josephine M. Howley
 Signature
 Notarial Seal *2012*
 Josephine M. Howley, Notary Public
 Pittston City, Luzerne County
 My commission expires *January 2, 2012*
 MO. DAY YR.

James T. Lesto
 Signature of Candidate
James T. Lesto
 Printed Name
570 *654-0373*
 Area Code 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 <i>Committee To Elect James T. Lesko</i> | Reporting Period From <i>1/1/2008</i> To <i>12/31/08</i> |
|---|---|

| | | | | | |
|---|--------------------|-------------------------------|-----------------|---|-------------|
| Name of Creditor <i>JAMES T. Lesko</i> | | | | Outstanding Balance of Debt \$ 8,153.17 | |
| Mailing Address <i>26 Regina Street</i> | DATE DEBT INCURRED | MO. <i>2</i> | DAY <i>1</i> | YEAR <i>1992</i> | <i>ETC.</i> |
| City <i>HANDOVER Twp. Pa 18706</i> | State | Zip Code (Plus 4) <i>-</i> | | | |
| Description of Debt <i>LOAN TO COMMITTEE - see Report Filed 2/1/1994</i> | | | | | |

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

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

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

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

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

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

| |
|----------------------------------|
| PAGE TOTAL \$ 8,153.17 |
|----------------------------------|