

# 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: <b>2010143</b>	Report Filed By: <b>CANDIDATE</b> 1.	<b>COMMITTEE</b> 2. <input checked="" type="checkbox"/>	<b>LOBBYIST</b> 3.
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Name of Filing Committee, Candidate or Lobbyist: **Committee to Elect Tom Leighton**

Street Address: **138 Reliance Drive**

City: **Wilkes-Barre** State: **PA** Zip Code: **18702**

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	NO
	6TH TUESDAY PRE-ELECTION 4.	2ND FRIDAY PRE-ELECTION 5.	30 DAY POST-ELECTION 6.	TERMINATION REPORT	YES	NO <input checked="" type="checkbox"/>
	ANNUAL REPORT 7. <input checked="" type="checkbox"/>	YEAR <b>2010</b>	FILING METHOD (CHECK ONE)	PAPER <input checked="" type="checkbox"/>	DISKETTE	

Name of Office Sought by Candidate:	DATE OF ELECTION	District Number	Office Code	Party Code	County Code
	MO. DAY YEAR <b>11 2 2010</b>			<b>Dem</b>	

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:	MO. DAY YEAR <b>09 14 2010</b>	To	MO. DAY YEAR <b>12 31 2010</b>	FOR OFFICE USE ONLY  2011 JAN 24 PM 1:50 RECEIVED BOARD OF ELECTIONS LUZERNE COUNTY, PA.
	A. Amount Brought Forward From Last Report	\$ <b>2455.95</b>		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ <b>—</b>			
C. Total Funds Available (Sum of Lines A and B)	\$ <b>2455.95</b>			
D. Total Expenditures (From Schedule III)	\$ <b>2455.95</b>			
E. Ending Cash Balance (Subtract Line D from Line C)	\$ <b>—</b>			
F. Value of In-Kind Contributions Received (From Schedule II)	\$ <b>—</b>			
G. Unpaid Debts and Obligations (From Schedule IV)	\$ <b>—</b>			

### 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, 2011

Barbara A. Smith Signature

**COMMONWEALTH OF PENNSYLVANIA**  
NOTARIAL SEAL  
BARBARA A. SMITH, NOTARY PUBLIC  
CITY OF WILKES-BARRE, LUZERNE COUNTY  
MY COMMISSION EXPIRES MARCH 28, 2014

Rhonda Musto Signature of Person Submitting Report  
Printed Name  
570 Area Code 823-7144 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, 2011

Barbara A. Smith Signature

**COMMONWEALTH OF PENNSYLVANIA**  
NOTARIAL SEAL  
BARBARA A. SMITH, NOTARY PUBLIC  
CITY OF WILKES-BARRE, LUZERNE COUNTY  
MY COMMISSION EXPIRES MARCH 28, 2014

Thomas Leighton Signature of Candidate  
Printed Name  
570 Area Code 825-5175 Daytime Telephone Number

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Committee to Elect Tom Leighton</b>	Reporting Period From <u>9/14/10</u> To <u>12/31/10</u>
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Whom Paid <u>Discover</u>	MO. <u>12</u>	DAY <u>01</u>	YEAR <u>2010</u>	Amount <u>\$200.00</u>
Mailing Address <u>P O Box 21084</u>		Description of Expenditure <u>Golf Tour. Prizes.</u>		
City <u>Charlotte</u>	State <u>NC</u>	Zip Code (Plus 4) <u>28272</u>		

Whom Paid <u>Friends of Tom Leighton</u>	MO.	DAY	YEAR	Amount <u>\$2255.95</u>
Mailing Address <u>138 Reliance Dr.</u>		Description of Expenditure <u>Transfer to New Campaign account</u>		
City <u>Wilmington</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18702</u>		

Whom Paid	MO.	DAY	YEAR	Amount <u>\$</u>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <u>-</u>		

Whom Paid	MO.	DAY	YEAR	Amount <u>\$</u>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <u>-</u>		

Whom Paid	MO.	DAY	YEAR	Amount <u>\$</u>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <u>-</u>		

Whom Paid	MO.	DAY	YEAR	Amount <u>\$</u>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <u>-</u>		

Whom Paid	MO.	DAY	YEAR	Amount <u>\$</u>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <u>-</u>		

Whom Paid	MO.	DAY	YEAR	Amount <u>\$</u>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <u>-</u>		

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

PAGE TOTAL  
\$2455.95