

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.} |
| Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Tom Leighton</i> | | | | |
| Street Address: <i>138 Reliance Drive</i> | | | | |
| City: <i>Wilkes-Barre</i> | | State: <i>PA</i> | Zip Code: <i>18702 -</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>2010</i> | | | FILING METHOD () CHECK ONE ▶ |
| | | | PAPER <input checked="" type="checkbox"/> | DISKETTE <input type="checkbox"/> |

| | | | | | |
|---|---|-----------------|-------------|--------------------------|-------------|
| Name of Office Sought by Candidate: <i>Mayor</i> | DATE OF ELECTION | District Number | Office Code | Party Code <i>Dem</i> | County Code |
| | MO: <i>11</i> DAY: <i>2</i> YEAR: <i>2010</i> | | | | |
| (SEE INSTRUCTIONS FOR CODES) | | | | | |

| | | | | |
|--|--|----|--|---|
| Summary of Receipts and Expenditures from: ▶ | MO: <i>11</i> DAY: <i>19</i> YEAR: <i>2010</i> | To | MO: <i>12</i> DAY: <i>31</i> YEAR: <i>2010</i> | FOR OFFICE USE ONLY RECEIVED 2011 JAN 24 PM 1:50 BOARD OF ELECTIONS LUZERNE COUNTY, PA. |
| A. Amount Brought Forward From Last Report | \$ <i>—</i> | | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ <i>26005.95</i> | | | |
| C. Total Funds Available (Sum of Lines A and B) | \$ <i>26005.95</i> | | | |
| D. Total Expenditures (From Schedule III) | \$ <i>—</i> | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ <i>26005.95</i> | | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ <i>—</i> | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ <i>—</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*11*

Barbara A. Smith
Signature

Rhonda Musto
Signature of Person Submitting Report

Barbara A. Smith, Notary Public
NOTARIAL SEAL
MO. CITY OF WILKES-BARRE, LUZERNE COUNTY
MY COMMISSION EXPIRES MARCH 28, 2014

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*, 20*11*

Barbara A. Smith
Signature

Thomas Leighton
Signature of Candidate

Barbara A. Smith, Notary Public
NOTARIAL SEAL
MO. CITY OF WILKES-BARRE, LUZERNE COUNTY
MY COMMISSION EXPIRES MARCH 28, 2014

570 Area Code *825-5175* Daytime Telephone Number

Department of State • Bureau of Commissions, Elections and Legislation
210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| | |
|---|---|
| Name of Filing Committee or Candidate <i>Friends of Tom Leighton</i> | Reporting Period From <u>11/19/10</u> To <u>12/31/10</u> |
|---|---|

| | | |
|---|-----|-------------|
| 1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR | | |
| TOTAL for the Reporting Period | (1) | \$ <u>—</u> |

| | | |
|--|-----|----------------------------|
| 2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B) | | |
| Contributions Received from Political Committees (Part A) | | \$ <u>—</u> |
| All Other Contributions (Part B) | | \$ <u>250⁰⁰</u> |
| TOTAL for the Reporting Period | (2) | \$ <u>250⁰⁰</u> |

| | | |
|--|-----|------------------------------|
| 3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D) | | |
| Contributions Received from Political Committees (Part C) | | \$ <u>4755⁹⁵</u> |
| All Other Contributions (Part D) | | \$ <u>21000⁰⁰</u> |
| TOTAL for the Reporting Period | (3) | \$ <u>25755⁹⁵</u> |

| | | |
|--|-----|----|
| 4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E) | | |
| TOTAL for the Reporting Period | (4) | \$ |

| | |
|--|--------------------------------|
| TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.) | \$ <u>26,005.⁹⁵</u> |
|--|--------------------------------|

PART C

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

| | |
|---|--|
| Name of Filing Committee or Candidate <i>Friends of Tom Leighton</i> | Reporting Period From <i>11/9/10</i> To <i>12/31/10</i> |
|---|--|

| Full Name of Contributing Committee | DATE | | | AMOUNT |
|--|-----------|-----------|-----------|-----------------------|
| | MO. | DAY | YEAR | |
| <i>Democracy Fund</i> | | | | \$ 1500 ⁰⁰ |
| Mailing Address <i>P O Box 12090</i> | | | | \$ |
| City <i>HARRISBURG</i> | | | | \$ |
| State <i>PA</i> | | | | \$ |
| Zip Code (Plus 4) <i>17108-</i> | | | | \$ |
| <i>Commonwealth Heritage PAC</i> | <i>12</i> | <i>31</i> | <i>10</i> | \$ 1000 ⁰⁰ |
| Mailing Address <i>925 Harvest Dr</i> | | | | \$ |
| City <i>Blue Bell</i> | | | | \$ |
| State <i>PA</i> | | | | \$ |
| Zip Code (Plus 4) <i>19922 -</i> | | | | \$ |
| <i>Committee to Elect Tom Leighton</i> | <i>11</i> | <i>19</i> | <i>10</i> | \$ 25 ⁰⁰ |
| Mailing Address <i>138 Reliance Dr.</i> | | | | \$ |
| City <i>Wilkes Barre</i> | <i>12</i> | <i>28</i> | <i>10</i> | \$ 2230 ⁹⁵ |
| State <i>PA</i> | | | | \$ |
| Zip Code (Plus 4) <i>18702 -</i> | | | | \$ |
| Full Name of Contributing Committee | | | | \$ |
| Mailing Address | | | | \$ |
| City | | | | \$ |
| State | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |
| Full Name of Contributing Committee | | | | \$ |
| Mailing Address | | | | \$ |
| City | | | | \$ |
| State | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |
| Full Name of Contributing Committee | | | | \$ |
| Mailing Address | | | | \$ |
| City | | | | \$ |
| State | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |
| Full Name of Contributing Committee | | | | \$ |
| Mailing Address | | | | \$ |
| City | | | | \$ |
| State | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |
| Full Name of Contributing Committee | | | | \$ |
| Mailing Address | | | | \$ |
| City | | | | \$ |
| State | | | | \$ |
| Zip Code (Plus 4) | | | | \$ |

PAGE TOTAL
\$ 4755.95

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

| | |
|---|---|
| Name of Filing Committee or Candidate <i>Friends of Tom Leighton</i> | Reporting Period From <i>11/14/10</i> To <i>12/31/10</i> |
|---|---|

| Full Name of Contributor | DATE | | | AMOUNT |
|---|--------------------------------|-----------|-----------|-------------------|
| | MO. | DAY | YEAR | |
| <i>Joseph & Angela Marx</i> | <i>12</i> | <i>31</i> | <i>10</i> | \$ <i>500.00</i> |
| Mailing Address <i>24 Clifton Ct</i> | MO. | DAY | YEAR | \$ |
| City <i>Hanover Township</i> | MO. | DAY | YEAR | \$ |
| State <i>PA</i> | | | | |
| Zip Code (Plus 4) <i>18706 -</i> | | | | |
| Employer Name <i>Marx Sheet Metal</i> | Occupation <i>Sales</i> | | | |
| Employer Mailing Address/Principal Place of Business <i>373 High St., Wilkes-Barre PA 18701</i> | | | | |
| <i>Alan J. Finlay</i> | <i>12</i> | <i>31</i> | <i>10</i> | \$ <i>2500.00</i> |
| Mailing Address <i>15 Public Square</i> | MO. | DAY | YEAR | \$ |
| City <i>Wilkes-Barre</i> | MO. | DAY | YEAR | \$ |
| State <i>PA</i> | | | | |
| Zip Code (Plus 4) <i>18701 -</i> | | | | |
| Employer Name <i>Humford Equities</i> | Occupation <i>Owner</i> | | | |
| Employer Mailing Address/Principal Place of Business <i>Same</i> | | | | |
| <i>Robert B. Finlay</i> | <i>12</i> | <i>31</i> | <i>10</i> | \$ <i>500.00</i> |
| Mailing Address <i>17 Pheasant Run Dr.</i> | MO. | DAY | YEAR | \$ |
| City <i>Dallas</i> | MO. | DAY | YEAR | \$ |
| State <i>PA</i> | | | | |
| Zip Code (Plus 4) <i>18612 -</i> | | | | |
| Employer Name <i>Humford Equities</i> | Occupation <i>President</i> | | | |
| Employer Mailing Address/Principal Place of Business <i>15 Public Square Wilkes-Barre PA 18701</i> | | | | |
| <i>Richard Holthaus</i> | <i>12</i> | <i>31</i> | <i>10</i> | \$ <i>500.00</i> |
| Mailing Address <i>11 Norton Ave</i> | MO. | DAY | YEAR | \$ |
| City <i>Dallas</i> | MO. | DAY | YEAR | \$ |
| State <i>PA</i> | | | | |
| Zip Code (Plus 4) <i>18612 -</i> | | | | |
| Employer Name <i>Humford Equities</i> | Occupation <i>Architect</i> | | | |
| Employer Mailing Address/Principal Place of Business <i>15 Public Square Wilkes-Barre PA 18701</i> | | | | |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

\$ *4000.00*

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

| Name of Filing Committee or Candidate | | | | Reporting Period | | | |
|--|--|-------|-------------------|---------------------------|-----|------|-----------------------|
| Friends of Tom Leighton | | | | From 11/19/10 To 12/31/10 | | | |
| | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | MO. | DAY | YEAR | |
| Brian & A Phrodite Koccelanrky | | | | 12 | 30 | 10 | \$ 1000 ⁰⁰ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| 7 Highwoods Road | | | | | | | \$ |
| City | | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Kingston Township | | PA | 18044 - | | | | \$ |
| Employer Name | | | | Occupation | | | |
| Stevens & Lee | | | | Attorney | | | |
| Employer Mailing Address/Principal Place of Business | | | | | | | |
| 1460 Wyoming Ave, Forty Fort PA 18704 | | | | | | | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | |
| Murray & Margery Utberg | | | | 12 | 30 | 10 | \$ 1000 ⁰⁰ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| 644 Charles Ave | | | | | | | \$ |
| City | | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Kingston | | PA | 18704 - | | | | \$ |
| Employer Name | | | | Occupation | | | |
| Rosen, Jenkins & Greenwald | | | | Attorney | | | |
| Employer Mailing Address/Principal Place of Business | | | | | | | |
| 15 S. Franklin St. Wilkes Barre PA 18701 | | | | | | | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | |
| Robert & Arlene Stella | | | | 12 | 36 | 10 | \$ 2500 ⁰⁰ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| 23 Birch Ave | | | | | | | \$ |
| City | | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Plains | | PA | 18705 - | | | | \$ |
| Employer Name | | | | Occupation | | | |
| Stell Enterprises | | | | Owner | | | |
| Employer Mailing Address/Principal Place of Business | | | | | | | |
| 16 E Anne St, Plains PA 18705 | | | | | | | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | |
| Ronald Kamionka | | | | 12 | 30 | 10 | \$ 5000 ⁰⁰ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| 2346 Timberline Court | | | | | | | \$ |
| City | | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Harrisburg | | PA | 17112 - | | | | \$ |
| Employer Name | | | | Occupation | | | |
| Self | | | | Business Owner | | | |
| Employer Mailing Address/Principal Place of Business | | | | | | | |
| same | | | | | | | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | |
| William & Paula Vinsko | | | | 12 | 31 | 10 | \$ 500 ⁰⁰ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| 185 Reliance Drive | | | | | | | \$ |
| City | | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ |
| Wilkes-Barre | | PA | 18702 - | | | | \$ |
| Employer Name | | | | Occupation | | | |
| Vinsko & Associates | | | | Attorney | | | |
| Employer Mailing Address/Principal Place of Business | | | | | | | |
| 253 S. Franklin St. Wilkes-Barre PA 18701 | | | | | | | |
| Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3. | | | | | | | |
| PAGE TOTAL | | | | | | | |
| \$ 10,000 ⁰⁰ | | | | | | | |

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

| | |
|---|---|
| Name of Filing Committee or Candidate <i>Friends of Tom Leighton</i> | Reporting Period From <u>11/19/10</u> To <u>12/31/10</u> |
|---|---|

| Full Name of Contributor | DATE | | | AMOUNT |
|---|--------------------------------------|-------------------------------------|-----------|-----------------------------|
| | MO. | DAY | YEAR | |
| <i>David + Edna Tevet</i> | <i>12</i> | <i>13</i> | <i>10</i> | \$ <i>5000⁰⁰</i> |
| Mailing Address <i>799 Milford Drive</i> | MO. | DAY | YEAR | \$ |
| City <i>Kingston</i> | State <i>PA</i> | Zip Code (Plus 4) <i>18704 -</i> | | \$ |
| Employer Name <i>Self-employed</i> | Occupation <i>Business owner.</i> | | | |
| Employer Mailing Address/Principal Place of Business <i>same</i> | | | | |

| | | | | |
|---|----------------------------|-------------------------------------|-----------|----------------------------|
| <i>Charles Volpe Jr.</i> | <i>12</i> | <i>30</i> | <i>10</i> | \$ <i>500⁰⁰</i> |
| Mailing Address <i>319 Chestnut St</i> | MO. | DAY | YEAR | \$ |
| City <i>Winnmore</i> | State <i>PA</i> | Zip Code (Plus 4) <i>18512 -</i> | | \$ |
| Employer Name <i>Excalibur Insurance</i> | Occupation <i>OWNER</i> | | | |
| Employer Mailing Address/Principal Place of Business <i>same</i> | | | | |

| | | | | |
|--|--------------------------------------|-------------------------------------|-----------|----------------------------|
| <i>Charles + Patricia Medico</i> | <i>12</i> | <i>30</i> | <i>10</i> | \$ <i>500⁰⁰</i> |
| Mailing Address <i>215 Wyoming Ave.</i> | MO. | DAY | YEAR | \$ |
| City <i>West Pittston</i> | State <i>PA</i> | Zip Code (Plus 4) <i>18643 -</i> | | \$ |
| Employer Name <i>Louise Cohen and Son</i> | Occupation <i>Business owner.</i> | | | |
| Employer Mailing Address/Principal Place of Business <i>PO Box 1004 Wilkes-Barre PA 18702</i> | | | | |

| | | | | |
|--|----------------------------|-------------------------------------|-----------|----------------------------|
| <i>Angelo + Shannon Medico</i> | <i>12</i> | <i>30</i> | <i>10</i> | \$ <i>500⁰⁰</i> |
| Mailing Address <i>35 Yager Ave.</i> | MO. | DAY | YEAR | \$ |
| City <i>Forty Fort</i> | State <i>PA</i> | Zip Code (Plus 4) <i>18704 -</i> | | \$ |
| Employer Name <i>Louis Cohen and Son</i> | Occupation <i>SALES</i> | | | |
| Employer Mailing Address/Principal Place of Business <i>PO Box 1004 Wilkes-Barre PA 18702</i> | | | | |

| | | | | |
|--|----------------------------|-------------------------------------|-----------|----------------------------|
| <i>Frank Nockley Jr.</i> | <i>12</i> | <i>30</i> | <i>10</i> | \$ <i>500⁰⁰</i> |
| Mailing Address <i>3 Geneva Lane</i> | MO. | DAY | YEAR | \$ |
| City <i>Shavertown</i> | State <i>PA</i> | Zip Code (Plus 4) <i>18708 -</i> | | \$ |
| Employer Name <i>Louis Cohen and Son</i> | Occupation <i>SALES</i> | | | |
| Employer Mailing Address/Principal Place of Business <i>PO Box 1004 Wilkes-Barre PA 18702</i> | | | | |

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

\$ *7000⁰⁰*