

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. Lesko</i>												
Street Address: <i>26 Regina Street</i>												
City: <i>HANOVER Twp.</i>				State: <i>Pa</i>		Zip Code: <i>18706 -</i>						
TYPE OF REPORT (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY ^{1.}	2ND FRIDAY PRE-PRIMARY ^{2.}	30 DAY POST-PRIMARY ^{3.}	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>								
	8TH 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 <input type="checkbox"/>	FILING METHOD (✓) CHECK ONE <input 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>11/2/03</i>	<i>OTHER</i>	<i>Rep. Dem</i>	<i>40</i>	
								(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:					MO.	DAY	YEAR	FOR OFFICE USE ONLY				
					<i>1</i>	<i>1</i>	<i>2010</i>	To	MO.	DAY	YEAR	2011 JAN 11 AM 10:22 RECEIVED 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>< 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 3 day of January 20 11

Josephine M. Howley
 Signature of Notary Public
 Josephine M. Howley, Notary Public
 My commission expires 2012
 Pottsville City, Luzerne County, PA.
 My Commission Expires January 2, 2012

William J. Lesko
 Signature of Person Submitting Report
 William J. Lesko
 Printed Name
570 Area Code 634-8004 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 3 day of January 20 10

Josephine M. Howley
 Signature of Notary Public
 Josephine M. Howley, Notary Public
 My commission expires 2012
 Pottsville City, Luzerne County, PA.
 My Commission Expires January 2, 2012

James T. Lesko
 Signature of Candidate
 James T. Lesko
 Printed Name
570 Area Code 634-0373 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>1/1/2010</u> To <u>12/31/2010</u>

Name of Creditor <u>JAMES T. Lesko</u>				Outstanding Balance of Debt <u>\$ 8,153.17</u>	
Mailing Address <u>26 Regina Street</u>	DATE DEBT INCURRED	MO. <u>2</u>	DAY <u>1</u>	YEAR <u>1992</u>	ETC
City <u>HANOVER Twp. Pa 18706</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 <u>\$</u>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					

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

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

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

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

PAGE TOTAL
\$ 8,153.17

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