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city: Laf	upette thil			State		zip Code: 194	44	
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L AN Commission EX	OF NOTARIES					Whitemarsh Twp. My Commission	, montgomery (Expires May 4,	2015

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

PAGE 2 OF

Detailed Summary Page

Name of Filing Committee or Candidate Friends of Leslie Richards From <u>01-01-11</u> To <u>05-02-11</u>

TOTAL for the Reporting Period (1) \$ /00.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 FROM PART A AND PART B	
Contributions Received from Political Committees (Part A)	\$ -0-
All Other Contributions (Part B)	\$ 1,300.00
TOTAL for the Reporting Period (2)	\$ 1,300.00

SECONTRIBUTIONS DVER \$250.00 (FROM PARTIC AND PARTID)	
Contributions Received from Political Committees (Part C)	\$ -0 -
All Other Contributions (Part D)	\$ 3,300.00
TOTAL for the Reporting Period (3	\$ 3,300.00

A REVIEW REPERHIST CEREMINOS INTEREST FARNED, RELIGINED CHECKS.	ET C	: FRO	MPARE
TOTAL for the Reporting Period	(4)	\$	99.90

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.)	• 4799.90
Cover Fage, Item B.)	

PART A	٩.
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CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

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ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A.)

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	Enter Grand Total of Part B on Schedule I, Detailed Summary	Dama	Cantin		PAGE TOTAL \$ 1300.00	

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PAGE_____ OF _____

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 Friends 0	Candidate Election	2	cha de	R	eparting From Q	Period - 0 -	11 To 05-02-11
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Full Name of Contributing Commit	tee			MO.	DAY	YEAR	\$
Mailing Address	*****			MQ.	DAY	YÊAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Commit	tee			MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	<u></u>	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
Full Name of Contributing Commit	tee			MO.	DAY	YEAR	\$
Mailing Address				MQ.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$ * ¹
		l		I		l	PAGE TOTAL
Enter Grand Total of P	art C on Schedu	ıle i,	Detailed Summar	y Page,	Section	n 3.	\$ - 0 -

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ALL OTHER CONTRIBU	ITIC		PÆ	AGE	
	JIIC	7¥3			
OVER \$250.00 Use this Part to itemize all other contributions	with :	an aoore	aate v	aluo	of
Over \$250.00 in the reporting (Exclude contributions from political commit	perio	od.	-		
Name of Filing Committee or Candidate		Reporting			(** 3 D D D)
Friends of Leslie Richards		From <u>0</u>	1 - 01	-//	то 05-02-11
	r:	DATE			AMOUNT
Full Name of Contributor Obermayer Rebman Maxwell	о <u>мо.</u> 02	2.5	YEAR	\$	500.00
	мо	DAY	YEAR	\$	
City Philadelphia PA 19103	MO.	DAY	YEAR	\$	•
Employer Name	Occupa	it:on	1	L	
Employer Mailing Address/Principal Place of Business					· · · · · · · · · · · · · · · · · · ·
Full Name of Contributor	MO.	DAY	YEAR		
Nora Winkleman	02	12	11	\$	1000.00
Malling Address 1018 Green St	MO.	DAY	YEAR	\$	
City Harrisburg PA 17102	MO.	DAY	YEAR	\$	
Employer Name	Occupe	ntion	I	<u> </u>	
Employer Mailing Address/Principal Place of Business	2				
Full Name of Contributor	MO.	DAY	YEAR	1	
Manko Gold Kathers	02	_ 12	11	\$	500.00
Mailing Address 401 E. Cito Ane #500 Fox LLP	<u>MO.</u>	DAY	YEAB	\$	
Full Name of Contributor Manko, Gold Kather's Mailing Address Hol E. City Ave \$500 Fox LLP City Bala Cynwyd PA 19004 Employer Name	<u> </u>	DAY	YEAR	\$	
Employer Name	Occupa	tion		L	
Employer Mailing Address/Principal Place of Business	1				
Full Name of Contributor	MO.	DAY	YEAR	1	
SchraderHarrison Segal " Lewis	04	05	11	\$	1000.00
Mailing Address 1600 Market St.	<u>MO.</u>	DAY	YEAR	\$	
City Phila DA 19103	MO.	DAY	YEAR	\$	
Employer Name	Occupa	ition	1	<u> </u>	
Employer Mailing Address/Principal Place of Business	L				
Full Name of Contributor	MO.	DAY	YEAR	T.	_
Molling Address	03 MO.	, 29	11	\$	300.00
150 Belle Circle		DAY	YEAR	\$	
City Blue Bell PA 19444	MO.	DAY	YEAR	\$	
Employer Name	Оссыра	tion	4	ł	
Employer Mailing Address/Principal Place of Business	<u>t</u>				
			_	PAG	E TOTAL

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3. DSEB-502 (7-99)

\$ 3300.00

PART E OTHER RECEIPTS

PAGE OF

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REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate Friends of List	lame of Filing Committee or Candidate Friends of Listic Richards From <u>01-01</u>					
Full Name	$\overline{\mathbf{x}}$					
Full Name FIRST Trust Mailing Address	Юa	nK				
	·•					
Phila	sp2	Zip Code (Plus 4) 	<u>MO.</u>	DAY	YEAR	Amount \$ 99.90
Phila Receipt Description Interest	in 1	rome	ł			
Fuil Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
					IC-NO	\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
Receipt Description		-				\$
Full Name	······					
Mailing Address						
City	State	Zip Code (Plus 4)	MC.	DAY	YEAR	Amount
Receipt Description]		\$
Full Name						
Mailing Address		<u></u>		,		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
Receipt Description	<u>l</u> i		<u>i</u>	ł		\$
Full Name						
		·				
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description	<u> </u>		LL	l		Ð
						PAGE TOTAL
Enter Grand Total of Part E on Sched	Jule I, C	Detailed Summary	Page, 1	Section	4.	\$ 99.90

DSEB-502 (7-99)

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IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

	rting Peri m <u>01-</u>		то 05-02-1	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00	0 OR L	ESS P	ER CONTRIBUTOR	
TOTAL for the Reporting Period	(1)	\$	-0 -	
2 IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00	(FRON	PART	F	
TOTAL for the Reporting Period	(2)	\$	- 0 -	
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM P.	ART G			
TOTAL for the Reporting Period	(3)	\$	-0-	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1. 2. and 3; also enter on Page 1. Report Cover Page. Item F.)		\$	-0 -	

SCHEDULE II PART F

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Friends OF Leslie Richards				eporting		
Friends 0+	Leslie K	ichards		From <u>U</u>	1-01-	- 11 то 05-02-11
F. II blama of Candelb, day				DATE		AMOUNT
Full Name of Contributor			<u>M0.</u>	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$ /
City	Stain	Zip Code (Plus 4)	MO.	DAY	YEAR	
		`				\$
Description of Contribution:		·····				
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Pius 4)	MO.	DAY	YEAR	
Description of Contribution:						\$ /
Description of Contribution.						
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address						\$
Marting Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO,	DAY	YEAR	
Description of Contribution:						\$ /
Description of contraction.						
Full Name of Contributor			MO.	ØAY	YEAR	\$
Mailing Address			мо.	DAY	VEAB	.
······································				UAI	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:			<u> </u>		<u> </u>	* /
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address		<u> </u>	MO.	DAY	YEAR	>
			hu Car	URI	TEAD	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:	LL		<u> </u>	j		.
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	-
						\$
City	State	Zip Code (Pius 4)	<u>M0</u> ,	DAY	YEAR	\$
Description of Contribution:	<u>_</u>	*****	<u> </u>		I	
Enter Grand Total of Part F of	on Schedule II,	In-Kind Contribut	ions De	tailed		PAGE TOTAL
Summary Page, Section 2.						s -0 -

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PAGE _____ OF _____

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period				
Friends of Leslie Richards				From 01-01-11 To 05-02-11.				
				DATE	VEAD 1	AMOUNT		
Full Name of Contributor			MO.	<u>CAY</u>	YEAR	\$		
Mailing Address	. MO.	DAY	YEAR	\$				
City	Støte	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor				Occupation				
Employer Mailing Address/Principal Place of Business				Description of Contribution				
Full Name of Contributor				DAY	YEAR	\$ ~		
Mailing Address				DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$		
Employer of Contributor				Occupation				
Employer Mailing Address/Principal Place of Business			Description of Contribution					
Full Name of Contributor			Mo.	DAY	YEAR	\$		
Mailing Address			MO	DAY .	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor	J.		Occupati	ុក	4	k		
Employer Mailing Address/Principal Place of Business			Description of Contribution					
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			<u> </u>	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	<u>M0.</u>	DAY	YEAR	\$		
Emplayer of Contributor			Occupation					
Employer Mailing Address/Principal Place of Business			Description of Contribution					
Fuli Name of Contributor				DAY -	YEAR	\$		
Mailing Address			MO	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor	· · · · · ·		Occupati	on		Annan		
Employer Mailing Address/Principal Place of Business			Description of Contribution					
						PAGE TOTAL		
Enter Grand Total of Part G on Sched Summary Page, Section 3.	dule II	, In-Kind Contrib	utions D	etailed		\$ -0 -		

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Friends of Leslie Richards	From 01-01-11 To 05-02-11
TITEMUS OF ASSENCE PRODUCT	
To Whom Poid Independence Strategy	MO. DAY YEAR Amount 01 11 11 \$ 1,250.00
Mailing Address P. O. Box 789	Description of Expenditure
Mailing Address P. & Box 789 J City Wayne PA 19087	" Onso Hing
To Whom Paid Independence Strategy	MO. DAY YEAR AMOUNT 12 21 11 \$ 1250.00
Mailing Address Pala TSA	Description of Expenditure
City Wayne PA 21 Code (Plus 4)	Consulting
To Whom Paid Shapiro Richards	MO. DAY YEAR Amount 02 21 11 \$ 50,000.00
	Description of Expenditure
City Abington PA 19001	Contribution
To Whom Poid Shaziro Richards	MO. DAY YEAR Amount 74 03 11 \$ 8,550.00
Mailing Address (/	Description of Expenditure
City Abraton July Ave State Zip Code (Plus 4) Abraton JA (4007	Contr. bution
To Whom Paid Start for Judge	MO. DAY YEAR Amount 04 08 11 \$ 500.00
Mailing Address 312 Flour-town Rd	Description of Expenditure
City Lafayette Hill DA 1944	Contr. bution
To Whom Paid Colonial Area Democrats	MO. DAY YEAR Amount 04 08 11 \$ 1,000.00
Mailing Address 21 4 Arcs St	Description of Expenditure
Norcistown PA 19041	Contr. bution
To Whom Paid Online paypal charges	MO. DAY YEAR Amount 05 02 11 \$ 373.85
$\frac{\text{Mailing Address}}{(2010 + 2011)}$	Payal Charges
City State Zip Code (Plus 4)	
To Whom Paid	MO. DAY YEAR Amount
Mailing Address	Description of Expenditure
City State Zip Code (Plus 4) —	
	PAGE TOTAL
Enter Grand Total of Expanditures on Page 1, Report Cover	Page, Item D. \$ 62,923.85

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	Use this So which are	Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.							
Name of Eiling Committe	e or Candidate	Leslie	Richa	rds	Reporting From	Period 01-01	-11 To 05-2-11		
Name of Creditor							Outstanding Balance of Debt \$		
Mailing Address		<u></u>	DATE DEBT	MO.	DAY	YEAR.			
City			INCURRED	Sizte	Zip Code	 			
Description of Debt									
Name of Creditor							Outstanding Balance of Debt c		
Mailing Address			DATE DEST	MO.	DAY	YEAR			
Сіту		·······	INCURBED	Stare	Zip Code	(Pius 4)			
Description of Debt		····							
Name of Creditor							Outstanding Balance of Debt		
Mailing Address	<u></u>		DATE	MC.	DAY	YEAR	S		
City		Planta	DEBT INCURRED	State	Zip Code				
Description of Debt	*****				· ····	•			
Name of Creditor							Outstanding Balance of Debt		
							Substanting Balance of Debt		
Mailing Address			DATE DEBT (NCURRED	MO.	DAY	YEAR			
City				State	Zip Code	(Plus 4)			
Description of Debt	e						den internet and an 		
Name of Creditor							Outstanding Balance of Debt		
Mailing Address	<u></u>		DATE DEBT	MO.	DAY -	YEAR			
City			INCURRED	State	Zip Code	(Pius 4)			
Description of Debt									
Name of Creditor							Outstanding Balance of Debt		
Mailing Address			DATE	MÒ.	DAY	YEAR	. \$ No a local de la companya de la comp		
City		NA	INCURRED	State	Zip Code	(Pius 4)			
Description of Debt					_	-			
Enter Grand Total of	of Unpaid Del	bts on Page 1,	Report Cover	Page,	Itam G.		PAGE TOTAL \$ -0 -		

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

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