

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:	Report Filed By:	1. <input checked="" type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist: Leslie Richards				
Street Address: 2106 Basswood Drive				
City: Lafayette Hill	State: PA	Zip Code: 19444 -		
TYPE OF REPORT (place X to the right of report type)	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input checked="" type="checkbox"/>	4. <input type="checkbox"/>
	5. <input type="checkbox"/>	6. <input type="checkbox"/>	7. <input type="checkbox"/>	8. <input type="checkbox"/>
	YEAR <input type="checkbox"/>			
Name of Office Sought by Candidate: County Commissioner		DATE OF ELECTION 5 17 2011		District Number N/A
		Office Code OFF	Party Code DEM	County Code 46
(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:		5 3 2011		To 6 6 2011
A. Amount Brought Forward From Last Report	\$	0		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	110.00		
C. Total Funds Available (Sum of Lines A and B)	\$	110.00		
D. Total Expenditures (From Schedule III)	\$	110.00		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0		
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0		

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 JUN 16 A 8:40
 OFFICE OF
 OTHER SERVICES
 MONTG. CO PA

AFFIDAVIT SECTION

I swear (or affirm) that this report, including the 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 15th day of June 2011

NOTARY PUBLIC
ROBIN A BEALL
 Notary Public
 ABINGTON TWP., MONTGOMERY COUNTY
 My Commission Expires Dec 19, 2012

Signature: [Signature]

My commission expires 12 MO. 19 DAY 12 YR.

Signature of Person Submitting Report: [Signature]
 Printed Name: Leslie Richards
 Area Code: 215 Daytime Telephone Number: 886-7376

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 _____ day of _____ 20____

Signature: _____

My commission expires _____ MO. _____ DAY _____ YR.

Signature of Candidate: _____

Printed Name: _____

Area Code: _____ Daytime Telephone Number: _____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <u>Leslie Richards</u>	Reporting Period From <u>5/3/11</u> To <u>6/6/11</u>
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1. MONETARY CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <u>Ø</u>

2. CONTRIBUTIONS RECEIVED FROM PART A AND PART B		
Contributions Received from Political Committees (Part A)		\$ <u>Ø</u>
All Other Contributions (Part B)		\$ <u>Ø</u>
TOTAL for the Reporting Period	(2)	\$ <u>Ø</u>

3. CONTRIBUTIONS RECEIVED FROM PART C AND PART D		
Contributions Received from Political Committees (Part C)		\$ <u>Ø</u>
All Other Contributions (Part D)		\$ <u>Ø</u>
TOTAL for the Reporting Period	(3)	\$ <u>Ø</u>

4. OTHER RECEIPTS (REPORTED UNDER SEPARATE RECEIPT CHECKS ON PAGE THREE)		
TOTAL for the Reporting Period	(4)	\$ <u>110.00</u>

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>110.00</u>
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PART A

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.

Name of Filing Committee or Candidate <u>Leslie Richards</u>	Reporting Period From <u>5/3/11</u> To <u>6/6/11</u>
---	---

			DATE	AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
				\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL	\$ <u>8</u>
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PART B
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.)

Name of Filing Committee or Candidate <u>Leslie Richards</u>	Reporting Period From <u>5/3/11</u> To <u>6/6/11</u>
---	---

	DATE			AMOUNT
	MO.	DAY	YEAR	\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL	\$ <u>0</u>
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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 Leslie Richards	Reporting Period From <u>5/3/11</u> To <u>6/6/11</u>
---	---

	DATE	AMOUNT
Full Name of Contributing Committee	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Committee	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Committee	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Committee	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Committee	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Committee	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Committee	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Committee	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Committee	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$

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

PAGE TOTAL	\$ 0
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**PART D
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 Leslie Richards	Reporting Period From 5/3/11 To 6/6/11
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

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

PAGE TOTAL
\$ 0

PART E OTHER RECEIPTS

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 <u>Leslie Richards</u>	Reporting Period From <u>5/3/11</u> To <u>6/6/11</u>
---	---

Full Name <u>Shapiro / Richards</u>						
Mailing Address <u>P.O. Box 241</u>						
City <u>Abington</u>	State <u>PA</u>	Zip Code (Plus 4) <u>19001 -</u>	MO. <u>5</u>	DAY <u>13</u>	YEAR <u>11</u>	Amount <u>\$ 110.00</u>
Receipt Description <u>reimbursement for travel</u>						
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)	MO.	DAY	YEAR	Amount \$
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)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL <u>\$ 110.00</u>

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

Name of Filing Committee or Candidate <i>Leslie Richards</i>	Reporting Period From <i>5/3/11</i> To <i>6/6/11</i>
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IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$500 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <i>Ø</i>

IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF MORE THAN \$500 PER CONTRIBUTOR	
TOTAL for the Reporting Period (2)	\$ <i>Ø</i>

IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF MORE THAN \$500 FROM PARTY	
TOTAL for the Reporting Period (3)	\$ <i>Ø</i>

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.)	\$ <i>Ø</i>
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**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Leslie Richards	Reporting Period From <u>5/3/11</u> To <u>6/6/11</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City	State	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 (Plus 4)		MO	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City	State	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 (Plus 4)		MO	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City	State	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 (Plus 4)		MO	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO	DAY	YEAR	\$
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL \$ <u>0</u>

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate Leslie Richards	Reporting Period From <u>5/3/11</u> To <u>6/6/11</u>
---	---

				DATE	AMOUNT
Full Name of Contributor				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	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				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	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				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	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				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	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				MO. DAY YEAR	\$
Mailing Address				MO. DAY YEAR	\$
City	State	Zip Code (Plus 4)		MO. DAY YEAR	\$
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business				Description of Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL \$ <u>Ø</u>

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <p style="text-align: center; font-size: 1.2em;">Leslie Richards</p>	Reporting Period From <u>5/3/11</u> To <u>6/4/11</u>
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To Whom Paid	MO	DAY	YEAR	Amount
Rittenhouse Philadelphia 210 W. Rittenhouse Square Philadelphia PA -	3	23	11	\$ 15.00
Description of Expenditure: parking				
E-Z Park 2101 Chestnut Street Philadelphia PA 19103 -	3	14	11	\$ 20.00
Description of Expenditure: parking				
Kennedy House 1901 JFK Boulevard Philadelphia PA 19103 -	3	18	11	\$ 26.00
Description of Expenditure: parking				
Philadelphia Parking Authority 500 Arch Street Philadelphia PA -	3	11	11	\$ 20.00
Description of Expenditure: parking				
Liberty Place Garage 1650 Market St, # 650 Philadelphia PA 19103 - 723	3	21	11	\$ 29.00
Description of Expenditure: parking				
				\$
Description of Expenditure:				
				\$
Description of Expenditure:				
				\$
Description of Expenditure:				

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

PAGE TOTAL \$ 110.00

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 Leslie Richards	Reporting Period From <u>5/3/11</u> To <u>6/6/11</u>
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Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						
Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						
Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						
Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						
Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						
Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						

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

PAGE TOTAL
\$ 0