Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

clear and legible. It may be typed or printed in blue or black ink.)

PRINT IF this is a Committee report. Leaded by the part of a correct and compiles. Name of Office Sought from Last Report A Amount Brought Forward From Last Report To I Total Expenditures (From Schedule III) Total Expenditures (From Schedule III) Ending Cash Balance (Subtract Line D from Line C) Ending Cash Balance (Subtract Line D from Line C) Ending Cash Balance (Subtract Line D from Line C) Ending Cash Balance (Subtract Line D from Line C) Ending Cash Balance (Subtract Line D from Schedule III) AAFIDATI Section AAF	Filer Identification	n .			Rapor	t		CANDIDATE	1	COLAL	TTEE	2.	1000	VIST	3.
STITET ADDITIONS STORY ADDITION CITY LATA LETTER AND 1. PRICE AND 1.	Number:		ahhviet:		Filed	By:		CANDIDATE	\triangle	CONTRA	IS FCE		LOGO		
TYPE OF REPORT THE TURSDAY PRE-PRIMARY PRE-PRIMARY PRE-BLECTION THE TURSDAY PRE-BLECTION PRE-BLECTION PRE-BLECTION PRE-BLECTION PRE-BLECTION PRE-BLECTION PRE-BLECTION PRE-BLECTION NO. DAY PRE-BLECTION PRE-BLECTION NO. DAY PRE-BLECTION PRE-BLECTION NO. DAY PRE-BLECTION PRE-BLECTION PRE-BLECTION NO. DAY PRE-BLEC															
TYPE OF STH TURSDAY 1. 200 FRIDAY POST PRIMARY 2. AMENOMENT VES NO REPORT PRE-PRIMARY 1. 200 FRIDAY PRE-ELECTION PRE-ELECT	210	6 Bas	SW	ood		\bigcap	ne	-							
TOUR FORTH LIES A and B) Total Monetary Contributions and Receipts (From Schedule II) Total Funds Available (Sum of Lines A and B) Total Funds Available (Sum		vette	Hi	(in DA		Zip Cod	19	40	14		
to the right of report type Report Name of Office Sought by Candidate: OUT Y COMMISSIONE Summary of Receipts and Expenditures from: A Amount Brought Forward From Last Report B. Total Monetary Contributions and Receipts (From Schedule II) E. Ending Cash Balance (Subtract Line D from Line C) E. Value of In-Kind Contributions (From Schedule III) F. Value of In-Kind Contributions (From Schedule III) A AFIDAVIT SECTION PART I - If this is a Committee report, treasurer sign here. A Signature of Person Submitting Report			1.							L.		YES		NO	
the right of report type RePORT Name of Office Sought by Candidate: DATE OF ELECTION MO. DAY YEAR U.O.	(place X to		4.			5.			6.			YES		NO	
Code Code Code Code Code Code Code Code	the right of		7.	YEAR						PAP	ER		DISK	TTE	
Summary of Receipts and Expenditures from: Mo. DAY YEAR 10 24 2011 To 10	•		1551	uner				DAY YE	AR	Number //A	OTI-	- I	Code)9M ms	FOR C	ode (6 ODES)
Summary of Receipts and Expenditures from: 06 07 2011 To 0 24 2011 A Amount Brought Forward From Last Report \$ 25,479.22 B. Total Monetary Contributions and Receipts (From Schedule II) \$ 2650.00 C. Total Funds Available (Sum of Lines A and B) \$ 28,192.22 D. Total Expenditures (From Schedule III) \$ 25,000.00 E. Ending Cash Balance (Subtract Line D from Line C) \$ 3,129.22 F. Value of In-Kind Contributions Received (From Schedule II) \$ 0.000.00 G. Unpaid Debts and Obligations (From Schedule IV) \$ 0.000.00 F. Value of In-Kind Contributions Received (From Schedule IV) \$ 0.000.00 G. Unpaid Debts and Obligations (From Schedule IV) \$ 0.000.00 F. Value of In-Kind Contributions Received (From Schedule IV) \$ 0.000.00 G. Unpaid Debts and Obligations (From Schedule IV) \$ 0.000.00 F. Value of In-Kind Contributions Received (From Schedule II) \$ 0.000.00 G. Unpaid Debts and Obligations (From Schedule IV) \$ 0.000.00 G. Unpaid Debts and Obligations (From Schedule IV) \$ 0.000.00 F. Value of In-Kind Contributions Received (From Schedule III) \$ 0.000.00 G. Unpaid Debts and Obligations (From Schedule IV) \$ 0.000.00 F. Value of In-Kind Contributions Received (From Schedule III) \$ 0.000.00 G. Unpaid Debts and Obligations (From Schedule III) \$ 0.000.00 F. Value of In-Kind Contributions Received (From Schedule III) \$ 0.000.00 G. Unpaid Debts and Obligations (From Schedule III) \$ 0.000.00 G. Unpaid Debts and Obligations (From Schedule III) \$ 0.000.00 G. Unpaid Debts and Obligations (From Schedule III) \$ 0.000.00 G. Unpaid Debts and Obligations (From Schedule III) \$ 0.000.00 G. Unpaid Debts and Obligations (From Schedule III) \$ 0.000.00 G. Unpaid Debts and Obligations (From Schedule III) \$ 0.000.00 G. Unpaid Debts and Obligations (From Schedule III) \$ 0.000.00 G. Unpaid Debts and Obligations (From Schedule III) \$ 0.000.00 G. Unpaid Debts and Obligations (From Schedule II		******	[i.a.	LANK W	-4-		T	Indel ve	40	F	ON OF	FICE (JSE O	NLY_	
A. Amount Brought Forward From Last Report B. Total Monetary Contributions and Receipts (From Schedule I) \$ 2,650.00 C. Total Funds Available (Sum of Lines A and B) \$ 1,81,192.22 D. Total Expenditures (From Schedule III) \$ 2,600.00 E. Ending Cash Balance (Subtract Line D from Line C) \$ 3,129.22 F. Value of In-Kind Contributions Received (From Schedule II) \$ -0 - G. Unpaid Debts and Obligations (From Schedule IV) \$ -0 - AFFIDAVIT SECTION PART I - If this is a Committee 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 Affidate of Person Submitting Report My commission expires MO. DAY YR. Printed Name Printed Name Area Code Daytime Telephone Number PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.				1		То	7	. [2.4] .)
D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule II) F. Value of In-Kind Contributions Received (From Schedule II) F. Value of In-Kind Contributions Received (From Schedule II) F. Value of In-Kind Contributions Received (From Schedule II) F. Value of In-Kind Contributions Received (From Schedule II) F. Value of In-Kind Contributions Received (From Schedule II) F. Value of In-Kind Contributions Received (From Schedule II) F. Value of In-Kind Contributions Received (From Schedule II) AFFIDAVIT SECTION PART II - If this is a Committee report, treasurer sign here. If this is a Candidate sign here. AFFIDAVIT SECTION AF	A. Amount Broug	ht Forward From La	st Repo	rt		\$	ム	5,479.	22					11	į
D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule II) F. Value of In-Kind Contributions Received (From Schedule II) F. Value of In-Kind Contributions Received (From Schedule II) F. Value of In-Kind Contributions Received (From Schedule II) F. Value of In-Kind Contributions Received (From Schedule II) F. Value of In-Kind Contributions Received (From Schedule II) F. Value of In-Kind Contributions Received (From Schedule II) F. Value of In-Kind Contributions Received (From Schedule II) AFFIDAVIT SECTION PART II - If this is a Committee report, treasurer sign here. If this is a Candidate sign here. AFFIDAVIT SECTION AF	B. Total Monetary	Contributions and	Receipts	(From Sch	edule I)	\$		2 650.	ro			. ,	U	17	Ĩ
E. Ending Cash Balance (Subtract Line D from Line C) S. 3 129.22 F. Value of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV) S0 - AFFIDAVIT SECTION PART I - If this is a Committee report, treesurer 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 Africa Code Daytime Telephone Number PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.	C. Total Funds A	vailable (Sum of Lin	es A and	dB)		6	2	8, 192	22			: i	ىب		י ו
F. Value of In-Kind Contributions Received (From Schedule II) \$ G. Unpaid Debts and Obligations (From Schedule IV) \$ AFFIDAVIT SECTION PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. I swear for 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 Audit Signeture of Person Submitting Report Signeture of Person Submitting Report No. Day yr. Printed Name 215 Area Code Daytime Telephone Number PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.															
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 Authorized Committee on Person Submitting Report Signature of Person Submitting Report Wy commission expires My commission expires PART II — If this is a report of a Candidate's Authorized Committee, candidate shall sign here.															
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 Signature Signature Printed Name Area Code Daytime Telephone Number PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.															
PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. I sweer (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 Signature of Person Submitting Report No. Signature of Person Submitting Report Printed Name 25 Area Code Daytime Telephone Number PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.	G. Unpaid Debts and Obligations (From Schedule IV) \$ -0 - V														
Sworn to and subscribed before me this Charles Charles															
Area Code Complete			ling the at	ttached sched	lules, on	paper	or com	puter diskette, a A	re to t	he best o	f my kno	ppelwc	e and be	alief tr	ue,
	Sworn to and subscribed before me this Charles Charles Signature of Person Submitting Report Signature Printed Name 215 275 0320														
	PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.														
(P.L. 1333, No. 320) as amended.	I swear (or affirm)	that to the best of my									ons of th	ne Act	of June	3, 193	37
Sworn to and subscribed before me this															
28 day of October 20 11 Signature of Candidate															
Signature Listic Richards	l ————	Jusa 7	Slo	w		}	\perp	eslic	Κı	Cha Printed Na	√dS me	5			
My commission a COMMONWEALTH OF PENNSYLVANIA 60 457 1744	My commission a				<u> </u>	1				45	7		74	_	
MO. Notarial Sadty YR. Area Code Daytime Telephone Number					 			Area Code		Ţ	Daytime	Telepho	one Num	iber	

My Commission Expires Oct 16, 2012 Bureau of Commissions, Elections and Legislation Member Renissions and Legislation Member Renissions and Legislation Member Renissions (717) 787-5280

DSEB-502 (7-99)

COMMONWEALTH OF PENNSYLVANIA

Netarial Seal

Dana D. Conaway, Notary Public

Whitemersh Twp., Montgomery County
My Commission Expires May 4, 2015
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE !

PAGE 2 OF 12

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee	or Candidate	Leslie	Richards	Reporting Period From 06-07-11 To 10-24-1	

1. UNITEMIZED	CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LES	S PER CONTRIBUTOR	
	TOTAL for the Reporting Period	od (1) \$ 久	00 —

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$ 100
All Other Contributions (Part B)		\$ 850 —
TOTAL for the Reporting Period	(2)	\$ 950 -

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)				
Contributions Received from Political Committees (Part C)	\$	1	000	
All Other Contributions (Part D)	\$		500	
TOTAL for the Reporting Period	(3) \$	1	500	

4. OTHER RECEIPTS -	REFUNDS, INTEREST EARNED, RETURNED CHE	CKS, ETC	. (FROI	VI PART E)
	TOTAL for the Reporting Period	(4)	\$	- 0 -

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.)	\$ 2,650 —
Cover Page, Item 6.7	

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	1) /	Re	eporting F A	Period	11 16-1// 11
Friends of Le	15/12	e Richard	7	From <u></u>	4-0/	-11 to 10-24-11
				DATE		AMOUNT
Mailing Address A C 1 S Main St	200.	er PA Demo	MO.	DAY	2-011	\$ 100 —
Mailing Address	יעצעיי	Womens	No.	ろり DAY	Z D II	
						\$
City Dia 1	SUA	Zip Code (Plus 4)	MO.	DAY	YEAR	<u> </u>
rleasant clas	TRA	16823	<u> </u>			\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
		<u></u>				\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		_	9200	DAY	YEAR	-
Full Name of Contributing Committee			MO.	DAY	IEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
	T.		أسبا			<u>*</u>
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
. St. Reine Or Continuiting Committee	_					\$
Mailing Address			MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4)	***	B	VEA-	-
City	218		MO.	DAY	YEAR	\$
Full Name of Contributing Committee		<u></u>	MO.	DAY	YEAR	
		***************************************				\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
	_	<u>-</u>				\$ /
Full Name of Contributing Committee			MQ.	DAY	YEAR	\$
Mailing Address			<u> </u>	DAY	YEAR	
			MO.	<u> </u>	1500	\$
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	\$
		_	1	DAY	YEAR	7
Full Name of Contributing Committee			MO.	<u> </u>	1565	\$
Mailing Address			MO.	DAY	YEAR	\$
	T = 2 - 1	7 in Code 101	1		\	-
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$ /
					'	PAGE TOTAL
Enter Grand Total of Part A on Sche	adule I,	, Detailed Summary	y Page,	Sectio	νп 2.	\$ 100 -
					ŀ	1 4 (00

Reporting Period

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 Frends of Leslie	Richards	R	From O	6-07-	-11 то 10-24-11
			DATE		AMOUNT
Full Name of Contributor John and James	Mitcheil	мо. О 6	DAY 10	2011	\$ 100-
		MO.	DAY	YEAR	\$
4037 Arbose City	pragte; ∠ip Code (Pius 4)	MO.	DAY	YEAR	•
	A 19444				\$
Full Name of Contributor Hilda and Ne	al Cohen	мо. 0 6		YEAR 2011	\$ 250_
Mailing Address 477 S. Sweet 6		MO.	DAY	YEAR	\$
Lafagette Hill I	A 1944	. MO.	DAY	YEAR	\$
Full Name of Contributor		MO.	DAY	YEAR	
Mailing Address	ryl Gersti		14	2011	\$ 250-
12 Aun Tres L	-ine	MO.	UAY	YEAR	\$
Lafrette thill	A 19444	3 1110.	DAY	YEAR	\$
410111011111111111111111111111111111111	nske/	MO.	DAY	YEAR	\$ 250-
		07 Mo.	DAY	2011 YEAR	700
308 Prima	OSe Dr.				\$
City Unger gwynedd !	2ip Code (Plus 4)	MQ.	DAY	YEAR	\$
Full Name of Contributor		MO.	DAY	YEAR	\$
Mailing Address		MO.	DAY	YEAR	\$
City	tate Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor		MO.	DAY	YEAR	
					\$
Mailing Address		MO.	DAY	YEAR	\$
City	tate Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor		MO.	DAY	YEAR	•
					\$
Mailing Address		MO.	DAY	YEAR	\$
City	tate Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor		MO.	DAY	YEAR	\$
Meiling Address		MO.	DAY.	YEAR	\$
City	tate Zip Code (Plus 4	Мо.	DAY	PAR	
				L	S PAGE TOTAL
Enter Grand Total of Part B on Schedu	le [. Detailed Sum-	narv Paga	Section	12	\$ 850
Elifei Grafic Local of Lare b ou Schedo	is it because continu	wary cayo,	2000101		1 T ()_) V

Name of Filing Committee or Candidate

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.

Friends of Leslie Richards		From ()	6.07.	<u>-11</u> то <u>10-24-11</u>
		DATE		AMOUNT
Full Name of Contributing Committee	MQ.	DAY	YEAR	\$ 1000.40
Montagnery County Democratic Wine	(A) 9 Mo.	DAY	20/	, 0000
1728 Stanbordar St	190	<u> </u>	, <u></u>	\$
Montagnery County Democratic Wome Mailing Address 728 Stanbridge S	MQ.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MQ.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	
Mailing Address	180.	JAI	1 - 2 - 1	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	•
	_			\$
Mailing Address	MQ.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	МО	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	MQ.	DAY	YEAR	\$
City State Zip Code (Plus 4)	МО	DAY	YEAR	\$
Full Name of Contributing Committee	MQ	DAY	YEAR	•
			VE	\$
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	\$
			í	PAGE TOTAL
Enter Grand Total of Part C on Schedule I, Detailed Summa	ry Pag	e, Sectio	n 3.	\$1,000.00

	6	12
PAGE	OF	

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 Triends of Leslie Richards	From (06-7-1	То
richa or Rein	DATE		AMOUNT
	MO. DAY 1 19	YEAR 2011	\$ 500.00
Mailing Address 110 Chinaberry Dr.	MO. DAY	YEAR	\$
Mailing Address 10 Chinabery Dr. City Lafeyette Hill DA 19444	MO. DAY	YEAR	\$
Employer Name	Occupation		
Employer Mailing Address/Principal Place of Business	<u> </u>		
Full Name of Contributor	MO. DAY	YEAR	\$
Mailing Address	MO. DAY	YEAR	\$
City State Zip Code (Plus 4)	MO. DAY	YEAR	\$
Emplayer Name	Occupation		
Employer Mailing Address/Principal Place of Business	<u> </u>		
Full Name of Contributor	MO. DAY	YEAR	\$
Mailing Address	MO. DAY	YEAR	\$
City State Zip Code (Plus 4)	MO. DAY	YEAR	\$
Employer Name	Occupation	1	
Employer Mailing Address/Principal Place of Business	<u> </u>		
Full Name of Contributor	MG. DAY	YEAR	\$
Mailing Address	MO. DAY	/ YEAR	\$
City State Zip Code (Plus 4)	MO. DA	YEAR	\$
Employer Name	Occupation	<u> </u>	
Employer Mailing Address/Principal Place of Business			
Full Name of Contributor	MO. DA	Y YEAR	\$
Mailing Address	MO. DA	Y YEAR	\$
City State Zip Code (Plus 4)	MO. DA	Y YEAR	\$
Employer Name	Occupation		L
Employer Mailing Address/Principal Place of Business	1		
			PAGE TOTAL
Enter Grand Total of Part D on Schedule I, Detailed Summary	y P age, Sect	tion 3.	\$ 500.00

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.

rriends of L	eslie Ric	hards	F	rom <u>Ø</u>	6-07-	11 to 10-24-1
ıli Name						
lailing Address						
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
eceipt Description		_				\$
cerpt Description						
il Name						
ailing Address						
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
ity	State		10.	DA!	TEAN	\$ /
eceipt Description						
ull Name						
						·············
lailing Address						
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
eceipt Description					<u> </u>	\$ /
acerpt person prom						
uti Name						
lailing Address						
		Zie Code (Dive 4)	1 40 1	B.1.4		Amount
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
sceipt Description	 				<u>l</u>	
uil Name						
						<u></u>
failing Address					•	
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amoupt
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amoupt \$
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
ity eceipt Description	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
ity aceipt Description ull Name	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
eceipt Description ull Name Mailing Address	State		MO.			\$
eceipt Description	State	Zip Code (Plus 4) Zip Code (Plus 4)	MO.	DAY	YEAR	\$ Amount
aceipt Description ull Name failing Address		Zip Code (Plus 4)				\$
aceipt Description ull Name lailing Address		Zip Code (Plus 4)				\$ Amount

SCHEDULE II

PAGE 8 OF 12

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 Friends of Loslie Richards From 06	10d 107-1/ To 10-24-11
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR L	
TOTAL for the Reporting Period (1)	
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM TOTAL for the Reporting Period (2)	
I. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G	3)
TOTAL for the Reporting Period (3)	\$
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.)	s -0 -

PAGE 9 OF 12

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Frends of Lest	le	Richards	Re	porting From ()	Period 6 - 7-	(1 To 10-24-1/
112100		HERMINS		DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	S
Mailing Address	·····		MQ.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4) —	MQ,	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	\$
			MO.	DAY	YEAR_	•
Mailing Address			- MO.	<u>ua</u> r	TEAD_	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Cantribution:	<u>i</u>		<u>!</u>			(
Full Name of Contributor			MO.	DAY	YEAR	
, , , , , , , , , , , , , , , , , , , ,						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor	•		MO.	DAY	YEAR	\$
Mailing Address		<u> </u>	MQ.	DAY	YEAR	•
City	State	Zip Code (Plus 4)	"	DAY	YEAR	\$
City	State		MO.	UAT	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:						
				. 11. *		PAGE TOTAL
Enter Grand Total of Part F on Sched Summary Page, Section 2.	tule li	, in-Kind Contribut	ions De	tailed		\$ -0 -
Calliniary rago, Cootion a.						<u> </u>

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate Friends of Lesli	e R	ichards	18	From 0	-07-	11 To 10-24-11		
				DATE		AMOUNT		
Full Name of Contributor	······································		MO.	DAY	YEAR	\$		
Meiling Address			MO.	DAY	YEAR	\$		
СНУ	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor			Occupati	on				
Employer Mailing Address/Principal Place of Busines	3		Descripti	on of Con	tribution			
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address				DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	<u>*</u>		
Employer of Contributor		-	Occupati	on		•		
Employer Mailing Address/Principal Place of Busines	Description of Contribution							
						0-0		
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			MQ.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor				Occupation				
Employer Mailing Address/Principal Place of Busines	5		Descript	ion of Con	tribution			
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor			Occupati	on				
Employer Mailing Address/Principal Place of Busines	:		Description of Contribution					
Full Name of Contributor			MQ.	DAY	YEAR	\$		
Mailing Address				DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor			Occupat	ion	<u></u>			
Employer Meiting Address/Principal Place of Busines	18		Description of Contribution					
			!			PAGE TOTAL		
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule il	, In-Kind Contrib	utions D	etailed	ı	\$ -0 -		
Summary rays, Section 3.								

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of hestic	R	ichard	Re	Porting F	Period - 07-1	1 то <u>10 ~24-11</u>
THE KAS ST TOOTICE						
Mailing Address 1917 allerns		A	MO. (i) Description	DAY /S on of Expe	nditure	\$ 25,000.00
Mailing Address 1917 GUERNS City Abnaton		Zip Code (Plus 4)				,
To Whom Paid			MO.	DAY on of Expe	YEAR	Amount \$
Mailing Address			Description	on on Expe	(IG) (U) B	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description	on of Expe	nditura	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Expe	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Exp∈	inditure	
City	State	Zip Code (Plus 4)				
To Whom Paid	-		MQ.	DAY	YEAR	Amount \$
Mailing Address	•		Descripti	on of Expe	anditure	
City	State	Zip Code (Plus 4)				
To Whom Paid	<u></u>		MO.	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Expe	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid	•		MO.	DAY	YEAR	Amount \$
Mailing Address			Descripti	ion of Exp	enditure	
City	State	Zip Code (Plus 4)				
E Count Takel of Franchisman and	000 1	Papart Cover 5	Page 14	em D		PAGE TOTAL
Enter Grand Total of Expenditures on P	≡ge 1,	neport Cover F	-बप्रव, १र	em U.		\$ 25,000.00

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.

Frends Of his	islie Richards		From 0	6-07	-11 to 10-24-11
same of Creditor		•			Outstanding Balance of De
eme of Creditor					\$
failing Address	DATE DEBT	MQ.	DAY	YEAR	
ity	INCURRED	State	Zip Code	(Plus 4)	
escription of Debt		1			
	<u> </u>				
ame of Creditor					Outstanding Balance of D
lailing Address	DATE DEBT	MO.	DAY	YEAR	
ity	INCURRED	State	Zip Code	(Plus 4)	
escription of Debt					
ame of Creditor					Outstanding Balance of D
ailing Address	DATE	Mo.	DAY	YEAR	13
·	DEBT INCURRED				
ity		State	Žip Code —	(Plus 4)	
Description of Debt					<u> </u>
ame of Creditor		X			Outstanding Balance of
					\$
failing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
lity	Incorred	State	Zip Code	(Plus 4)	1/
escription of Debt					17
lame of Creditor					Outstanding Balance of [
Mailing Address	DATE DEBT	MQ.	DAY	YEAR	
ity	INCURRED	State	Zip Code	(Plus 4)	
escription of Debt					
Jame of Creditor				'	Outstanding Balance of C
Mailing Address	DATE	MO.	DAY	YEAR	\$
	DEBT INCURRED		71- 0-0	/91.us 4	
Dity		State	Zip Code	(PIUS 4) -	
Description of Debt		, 1 1			
					PAGE TOTAL

. .