

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: <input type="checkbox"/> | | Report Filed By: <input type="checkbox"/> | | CANDIDATE ^{1.} | COMMITTEE ^{2.} <input checked="" type="checkbox"/> | LOBBYIST ^{3.} |
| Name of Filing Committee, Candidate or Lobbyist: <u>Friends of Leslie Richards</u> | | | | | | |
| Street Address: <u>2106 Basswood Dr.</u> | | | | | | |
| City: <u>Lafayette Hill</u> | | | | State: <u>PA</u> | Zip Code: <u>19444-</u> | |
| TYPE OF REPORT (place X to the right of report type) | <input type="checkbox"/> 6TH TUESDAY PRE-PRIMARY ^{1.} | <input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY ^{2.} | <input type="checkbox"/> 30 DAY POST PRIMARY ^{3.} | AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| | <input type="checkbox"/> 6TH TUESDAY PRE-ELECTION ^{4.} | <input type="checkbox"/> 2ND FRIDAY PRE-ELECTION ^{5.} | <input type="checkbox"/> 30 DAY POST ELECTION ^{6.} | TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| | <input checked="" type="checkbox"/> ANNUAL REPORT ^{7.} | YEAR | | FILING METHOD <input type="checkbox"/> PAPER <input checked="" type="checkbox"/> DISKETTE | | |
| Name of Office Sought by Candidate: <u>County Commissioner</u> | | | | DATE OF ELECTION MO. DAY YEAR <u>11 8 11</u> | District Number <u>N/A</u> | Office Code <u>OTH</u> |
| | | | | Party Code <u>DEM</u> | County Code <u>46</u> | (SEE INSTRUCTIONS FOR CODES) |
| Summary of Receipts and Expenditures from: | | | MO. DAY YEAR <u>11 29 2011</u> | To | MO. DAY YEAR <u>12 31 2011</u> | FOR OFFICE USE ONLY |
| A. Amount Brought Forward From Last Report | | | \$ <u>3,129.22</u> | | | 2012 JUN 31 P 12:50 RECEIVED V |
| B. Total Monetary Contributions and Receipts (From Schedule I) | | | \$ <u>-</u> | | | |
| C. Total Funds Available (Sum of Lines A and B) | | | \$ <u>3,129.22</u> | | | |
| D. Total Expenditures (From Schedule III) | | | \$ <u>543.97</u> | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | | \$ <u>2,585.25</u> | | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | | | \$ <u>-</u> | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | | | \$ <u>-</u> | | | |

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.

Subscribed and sworn to and subscribed before me this 28 day of January 2012

Signature: [Signature]

My commission expires 05 05 14

Signature of Person Submitting Report: [Signature]

Printed Name: Sheri Rister

Area Code: 215 Daytime Telephone Number: 275 0320

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 (Act No. 1333, No. 320) as amended.

Subscribed and sworn to and subscribed before me this 30 day of January 2012

Signature: [Signature]

My commission expires 5 22 2013

Signature of Candidate: [Signature]

Printed Name: Leslie S. Richards

Area Code: 610 Daytime Telephone Number: 457 1744

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Kimberley Zera, Notary Public
 Whitmarsh Twp., Montgomery County
 My Commission Expires May 22 2012

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Kimberley Zera, Notary Public
 Whitmarsh Twp., Montgomery County
 My Commission Expires May 22 2012

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| | |
|---|---|
| Name of Filing Committee or Candidate <p style="font-size: 1.2em; margin: 0;">Friends of Leslie Richards</p> | Reporting Period From <u>11/29/11</u> To <u>12/31/11</u> |
|---|---|

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

| 2. CONTRIBUTIONS \$50.01 TO \$250.00 (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 OVER \$250.00 (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 - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E) | | |
|---|-----|-------------|
| TOTAL for the Reporting Period | (4) | \$ <u>Ø</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>Ø</u> |
|--|-------------|

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 <i>Friends of Leslie Richards</i> | Reporting Period From <i>11/29/11</i> To <i>12/31/11</i> |
|--|---|

| | | | | DATE | | | AMOUNT |
|-------------------------------------|-------|-------------------|--|------|-----|------|--------|
| | | | | MO. | DAY | YEAR | |
| 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) | | | | | \$ |
| | | - | | | | | \$ |
| 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) | | | | | \$ |
| | | - | | | | | \$ |

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

| |
|-------------|
| PAGE TOTAL |
| \$ <i>Ø</i> |

**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 <i>Friends of Kestie Richards</i> | Reporting Period From <u>11/29/11</u> To <u>12/31/11</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) | | | | | \$ |
| | | - | | | | | |
| Full Name of Contributor | | | | | | | \$ |
| Mailing Address | | | | | | | \$ |
| City | State | Zip Code (Plus 4) | | | | | \$ |
| | | - | | | | | |

| |
|-------------|
| PAGE TOTAL |
| \$ <i>Ø</i> |

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

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 <div style="font-size: 1.2em; font-family: cursive;">Friends of Leslie Richards</div> | Reporting Period From 11/29/11 To 12/31/11 |
|--|---|

| | | | | DATE | | | AMOUNT |
|-------------------------------------|-------|-------------------|--|------|-----|------|--------|
| | | | | MO. | DAY | YEAR | \$ |
| 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) | | | | | \$ |
| | | - | | | | | \$ |
| 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) | | | | | \$ |
| | | - | | | | | \$ |

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

| |
|---|
| PAGE TOTAL |
| \$ Ø |

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 <i>Friends of Leslie Richards</i> | Reporting Period From <u>11/29/11</u> To <u>12/31/11</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 Name | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | | | | | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Employer Name | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | | | | | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Employer Name | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | | | | | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| Employer Name | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | | | | | |
| Full Name of Contributor | | | | MO. | DAY | YEAR | \$ |
| Mailing Address | | | | MO. | DAY | YEAR | \$ |
| City | State | Zip Code (Plus 4) | | MO. | DAY | YEAR | \$ |
| 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 <i>Friends of Leslie Richards</i> | Reporting Period From <u>11/29/11</u> To <u>12/31/11</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 | | | | | | |
| 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

\$

Ⓟ

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>11/29/11</i> To <i>12/31/11</i> |
|---|---|

| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | |
|---|-----|-------------|
| TOTAL for the Reporting Period | (1) | \$ <i>∅</i> |

| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | |
|--|-----|-------------|
| TOTAL for the Reporting Period | (2) | \$ <i>∅</i> |

| 3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G) | | |
|--|-----|-------------|
| TOTAL for the Reporting Period | (3) | \$ <i>∅</i> |

| | |
|--|-------------|
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i> | \$ <i>∅</i> |
|--|-------------|

SCHEDULE II
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| | |
|---|---|
| Name of Filing Committee or Candidate <p style="font-size: 1.2em; margin: 0;"><i>Leslie Richards</i></p> | Reporting Period From <u>11/29/11</u> To <u>12/31/11</u> |
|---|---|

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

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

PAGE TOTAL
\$ 0

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

| | |
|---|---|
| Name of Filing Committee or Candidate <i>Leslie Richards</i> | Reporting Period From <u>11/29/11</u> To <u>12/31/11</u> |
|---|---|

| | DATE | | | AMOUNT |
|--|-----------------------------|-------------------|------|--------|
| | MO. | DAY | YEAR | \$ |
| Full Name of Contributor | | | | \$ |
| Mailing Address | | | | \$ |
| City | State | Zip Code (Plus 4) | | \$ |
| Employer of Contributor | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | Description of Contribution | | | |
| Full Name of Contributor | | | | \$ |
| Mailing Address | | | | \$ |
| City | State | Zip Code (Plus 4) | | \$ |
| Employer of Contributor | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | Description of Contribution | | | |
| Full Name of Contributor | | | | \$ |
| Mailing Address | | | | \$ |
| City | State | Zip Code (Plus 4) | | \$ |
| Employer of Contributor | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | Description of Contribution | | | |
| Full Name of Contributor | | | | \$ |
| Mailing Address | | | | \$ |
| City | State | Zip Code (Plus 4) | | \$ |
| Employer of Contributor | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | Description of Contribution | | | |
| Full Name of Contributor | | | | \$ |
| Mailing Address | | | | \$ |
| City | State | Zip Code (Plus 4) | | \$ |
| 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
\$ 0

SCHEDULE III
STATEMENT OF EXPENDITURES

| | |
|--|---|
| Name of Filing Committee or Candidate Friends of Leslie Richards | Reporting Period From 11-29-11 To 12-31-11 |
|--|---|

| To Whom Paid | MO. | DAY | YEAR | Amount |
|---|--------------------|--|------|----------------------------|
| Leslie Richards | 12 | 17 | 11 | \$ 543.97 |
| Mailing Address 2106 Basswood Dr. | | Description of Expenditure PA Society Conference | | |
| City Lafayette Hill | State PA | Zip Code (Plus 4) 19444 | | Reimbursement |
| To Whom Paid | MO. | DAY | YEAR | Amount |
| Mailing Address | | | | \$ |
| City | State | Zip Code (Plus 4) | | Description of Expenditure |
| To Whom Paid | MO. | DAY | YEAR | Amount |
| Mailing Address | | | | \$ |
| City | State | Zip Code (Plus 4) | | Description of Expenditure |
| To Whom Paid | MO. | DAY | YEAR | Amount |
| Mailing Address | | | | \$ |
| City | State | Zip Code (Plus 4) | | Description of Expenditure |
| To Whom Paid | MO. | DAY | YEAR | Amount |
| Mailing Address | | | | \$ |
| City | State | Zip Code (Plus 4) | | Description of Expenditure |
| To Whom Paid | MO. | DAY | YEAR | Amount |
| Mailing Address | | | | \$ |
| City | State | Zip Code (Plus 4) | | Description of Expenditure |
| To Whom Paid | MO. | DAY | YEAR | Amount |
| Mailing Address | | | | \$ |
| City | State | Zip Code (Plus 4) | | Description of Expenditure |
| To Whom Paid | MO. | DAY | YEAR | Amount |
| Mailing Address | | | | \$ |
| City | State | Zip Code (Plus 4) | | Description of Expenditure |

PAGE TOTAL
\$ 543.97

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

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>11/29/11</u> To <u>12/31/11</u> |
|---|---|

| | | | | | |
|---------------------|--------------------|-------------------|-----|------|-----------------------------------|
| 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 | | | | | |
| 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