Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

UNOTE: This report must be clear and leg	Sinie II IIIe	y be typed or printed i	III DIGG OF DIECK III	10.7
	leport iled By:	CANDIDATE '	× commune.	2. 3. 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Name of Filing Committee, Candidate or Lobbyist:				
Street Address: 2106 Basswood Driv	M.		· · · · · · · · · · · · · · · · · · ·	
chy: Lafayette tull		State: PA	Zip Code: 1941	44
TYPE OF REPORT	2.	BO DAY POST PRIMARY	Mercus, 7	
THE RESIDENT AND PRIDAY	5. 10.00 10.00 10.00	30 DAY 6.	PROBLEMATICAL SERVICES	
(place X to the right of report type) About 14 7. YEAR ZOIL		FILING METTION		X
Name of Office Sought by Candidate:		DATE OF ELECTION	Mumber Code	
County Commissioner		11 08 2011	N/A 011	1 DEM 46 NSTRUCTIONS FOR CODES
	7-V 1981			COLUMN TOWN CODES
Summary of Receipts and Expenditures from:		MO DAY YEAR 12 31 2011		
A. Amount Brought Forward From Last Report	\$	Ø		28.2
B. Total Monetary Contributions and Receipts (From Schedul	ile I) \$	543.97] :	
C. Total Funds Available (Sum of Lines A and B)	\$	543.97	7	~ 5
D. Total Expenditures (From Schedule III)	\$	543.97	7	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	Ø	7	
F. Value of In-Kind Contributions Received (From Schedule	s II) \$	Ø	7	
G ≱ Debts and Obligations (From Schedule IV)	\$	Ø	Y	હિં 🙇
AFF	FIDAVIT SE	ECTION		
Fallet (or affirm) that this report, including the attached schedules,				
Correctiond complete.	, On yaper -	or computer diametre, and the) the Dest of my name	Wiedge and Deligi 1144,
usword to and subscribed before me this	၁ ၂		is Rie	C
	^	Signature	of Person Submitting	
A Battle of Signature	_ }	<u>Leslie</u>	Printed Name	ards
My commission expires 5 22 2013	Ì	215	886.	7376
MO. DAY YR.	<u>_</u>	Area Code		Telephone Number
	especialis - sec	A TOWNSHIP SAME BOTH	rear e.	
I sweer (or affirm) that to the best of my knowledge and belief this (P.L. 1333, No. 320) as amended.				ie Act of June 3, 1937
Sworn to and subscribed before me this	7			
day of 20		Sir	gnature of Candidate	
Signature	- }		Printed Name	
My commission expires	J	Area Code	Daytime '	Telephone Number

Department of State

Bureau of Commissions, Elections and Legislation

PAGE 2 OF 12

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period				
	From		_ То		
	1				
UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LE	ss per cont	RIBUTO		riterio. Karolo	
TOTAL for the Reporting Per	iod (1)	\$	Ø		
2 CONTRIBUTIONS \$80.01 TO \$250.00 PROM PART A AND PAR	T B)				
Contributions Received from Political Committees (Part A)		\$	Ø		
All Other Contributions (Part B)		\$	Ø		
TOTAL for the Reporting Per	iod (2)	\$	Ø	· · · ·	
S. GONTHIBUTIONS OVER \$250.00 FROM PART C AND PART D		- A 7 %.		rigid a de dag (1922). Para da 1923	
Contributions Received from Political Committees (Part C)		\$	Ø		
All Other Contributions (Part D)		\$	Ø		
TOTAL for the Reporting Per	iod (3)	\$	Ø		
A POTHER RECEIPED THE UNIVERSAL PROPERTY EARNED RETURNED	CHECKS, ETC	: CRO		and and	
TOTAL for the Reporting Per	iod (4)	\$	Ø		
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.)		\$	Ø		

Reporting Period,

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

Leslie Richards	From 11/29/11	то 1231/11
	DATE	AMOUNT
Full Name of Contributing Committee	MOTOR OF CAYER SYEAR AT	\$
Mailing Address	MO DAY SYEARS	\$
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 VEAR	\$
Mailing Address	MO. TEDAY	\$
City State Zip Code (Plus 4) —	MO. S CAYES BYEAREN	. \$
Full Name of Contributing Committee	MOTO PRODAYER WYEAREN	\$
Mailing Address	MO. S PEDAYES EYEARILE	\$
City State Zip Code (Plus 4) -	MO. DAY YEAR	\$
Full Name of Contributing Committee	SEMONAL RESPAYED BY FALSE	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4) -	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)	MOZE ENDAVE EVEATRE	\$
Enter Grand Total of Part A on Schedule I, Detailed Summary	Page, Section 2.	\$

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 Lestie Richards			Re	porting From]]	29/11	To 12/31/11
				DATE		AMOUNT
Full Name of Contributor			MO.		YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			ne MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
E. II. No of Constitution	ļ		i i i i i i i i i i i i i i i i i i i	DAY	VEAR	
Full Name of Contributor						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	i		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$
Full Name of Contributor			MO:	DAY	YEAB	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
						\$
Full Name of Contributor			MO	DAY	YEAR	\$
Malling Address	-		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	
Full Name of Contributor						\$
Mailing Address			MO.	DAY	YEAR	s
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	<u> </u>
		-				\$
Enter Grand Total of Part B on Schedu	ule I,	Detailed Summary	/ Page,	Section	n 2.	PAGE TOTAL \$ \$
DSEB-502 (7-99)						

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 11 29	11 To 12/31/11	
0 9,10 1010101.110	DATE	AMOUNT	
Full Name of Contributing Committee		MO. DAY	8
Mailing Address			\$
mairing Address		MO. DAY YEAR	4 \$
City	e Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Committee		MOTE DAYER SYEAR	\$
Mailing Address		MO. DAY YEAR	\$
City	e Zip Code (Plus 4)	MO. DAY YEAR	s
Full Name of Contributing Committee		MO. DAY YEAR	\$
Mailing Address		MO. DAY: YEAR	\$
City	e Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Committee			
Mailing Address		MO. DAY EYEAR	\$
City	e Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Committee	<u>.</u>	MO. DAY YEAR	s
Mailing Address		MO. E. DAY	<u> </u>
City	e Zip Code (Plus 4)	MO. DAY YEAR	\$
Full Name of Contributing Committee			\$
Mailing Address		MO. DAY YEAR	s
City Stat	e Zip Code (Plus 4)	● 「	\$
Full Name of Contributing Committee		HANDER BADAYES HAYEAL	s
Mailing Address		MO. DAY YEAR	.1
City	e Zip Code (Plus 4)	MATERIAL RESERVATIONS REPORTED TO	s
Full Name of Contributing Committee		第41.107	\$
Mailing Address			\$
City	e Zip Code (Plus 4)	REPLAYED BY AND	\$
Enter Grand Total of Part C on Schedule	I, Detailed Summary	/ Page, Section 3.	PAGE TOTAL

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.)

DSEB-502 (7-99)

Name of Filing Committee or Candidate					g Period	11 12/21	
Leslie Richard		From	11/29	11 то 12/31/11			
		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	L1		Occup	ation			
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)	MÖ	DAY	YEAR	\$	
Employer Name			Occup	stion			
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)	МО	DAY	YEAR	\$	
Employer Name	<u></u>		Оссир	ation			
Employer Mailing Address/Principal Place of Business				. –			
Full Name of Contributor			MQ	DAY	LYEAR	\$	
Mailing Address			MO	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO	DA	YEAR	\$	
Employer Name			Occupation				
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor			M.C	## ##P/A¥	ZEE EN ZA 3	\$	
Mailing Address			MC	DA	YEAR	\$	
City	State	Zip Code (Plus 4)	炎沙碱6		YEAR	\$	
Employer Name			Occu	oation			
Employer Mailing Address/Principal Place of Business							
Enter Grand Total of Part D on Sche	dule i	, Detailed Summa	ry Pag	e, Sect	tion 3.	PAGE TOTAL	

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.

lame of Filing Committee or Candidate			Reporti	ng Period	
Leslie Richards	>		From	11/29/1	1 To 12/31/11
Ill Name Friends of Leslie	Richa	rds			
failing Address	1 DY	cive			
Lafayette Hill Lafayette Hill	State	Zip Code (Plus 4) 19444 -	MO. DA		\$ 543.97
eceipt Description PA Society Com	ferenc	e Reimburse	ment		
ulf Name					
failing Address					
Sity	State	Zip Code (Plus 4)	MO. DA	YATE BYEAR	Amount \$
eceipt Description					-
ull Name		<u> </u>	<u></u>		
Asilina Address					
Aailing Address					The same of the sa
ity	State	Zip Code (Plus 4) —	MO. DA	YEAR	\$
eceipt Description					
uli Name	.,,		<u>,</u>		
failing Address	<u> </u>			<u> </u>	
City	State	Zip Code (Plus 4)	MO. DA	YEAR	Amount
Receipt Description		_			\$
	···				
uli Name				-	
Mailing Address					
City	State	Zip Code (Plus 4)	MO. DA	YEAR	Amount \$
Receipt Description			1		
uli Neme				· · · · · · · · · · · · · · · · · · ·	
Mailing Address					
	State	Zip Code (Plus 4)	Mo. D	AY YEAR	Amount
City	21414				\$
Receipt Description					
					PAGE TOTAL
enter Grand Total of Part E on Sch	hedule i,	Detailed Summar	y Page, Sec	tion 4.	\$ 543.97

DSEB-502 (7-99)

SCHEDULE !!

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 Lesie Richards	Reporting Per	29/11	11 12 SI
FEUNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S	50.00 OR L	ESS [®] PE	R CONTRIBUTOR
TOTAL for the Reporting Period	d (1)	\$	Ø
ZEIN-KIND CONTRIBUTIONS RECEIVED & VALUE OF \$50.01 TO \$25	50.00 (FRON	I PART	7
TOTAL for the Reporting Period	d (2)	\$	Ø
SERVED ENGLISHBUTION RECEIVED - VALUE OVER \$280.00 (FRO	M PART G	100-1923 - Palland 100-1923 - Palland 100-1933 - Palland 100-1933 - Palland	
TOTAL for the Reporting Period	d (3)	\$	Ø
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.)		\$	Ø

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Lesi C Richard	S	Reporting Period From 11 29	/11 To 12/31/11
		DATE	AMOUNT
Full Name of Contributor		MO DAYES SYEARS	\$
Mailing Address		MO. DAY YEAR	
			\$
City	State Zip Code (Plus 4)	MO. DAY YEAR	\$
Description of Contribution:			
Full Name of Contributor	1 1 200	MO. N. DAY	
			\$
Mailing Address		MO. DAY YEAR	\$
City	State Zip Code (Plus 4)	MO, DAY YEAR	\$
Description of Contribution:		<u> </u>	
Full Name of Contributor		MO. DAY. AYEAR	
			\$
Mailing Address		MO. DAY YEAR	\$
City	State Zip Code (Plus 4)	MO. DAY YEAR	\$
Description of Contribution:		<u></u>	
Full Name of Contributor		MO. LOAY YEAR	
			\$
Mailing Address		MO. DAY YEAR	\$
City	State Zip Code (Pius 4)	MOSE SEDAYAR EYEARS	\$
Description of Contribution:		1 1	
Full Name of Contributor			
ruii Name of Contributor		MO DAY YEAR	\$
Mailing Address		MO. DAY YEAR	\$
Сну	State Zip Code (Plus 4)	MO DAY YEAR	\$
Description of Contribution:	. J J	<u> </u>	
Full Name of Contributor			
			\$
Mailing Address		MOTOR SECURITION IN CASE	\$
City	State Zip Code (Plus 4)	MANUAL MANUAL AVENUE	\$
Description of Contribution:	L		<u></u>
			PAGE TOTAL
Enter Grand Total of Part F on Scho Summary Page, Section 2.	edule II, In-Kind Contribut	ions Detailed	PAGE TOTAL
•			

Reporting Period

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate

Leslie Richards						From	11/29/	11 To [2/31][
					حطیبی <u>۔</u> - نصوب	DATE		AMOUNT
Full Name of Contributor					MO.	DAY	YEAR	\$
Mailing Address					мо	DAY	YEAR	\$
Сну	State	Ziç	p Code (Plus —	4)	MO.	DAY	YEAR	\$
Employer of Contributor		<u> </u>)ccupatio	n	 _l	
Employer Mailing Address/Principal Place of Business				E	escriptic	on of Cont	tribution	
Full Name of Contributor	_			F	MO		YEAR	\$
Mailing Address					MO.		YEAR	S
City	State	Zij	p Code (Plus —		MO.	DAY	YEAR	\$
Employer of Contributor					Occupatio			
Employer Mailing Address/Principal Place of Business						on of Con		
Full Name of Contributor				_	MO.	DAY		\$
Mailing Address	lailing Address				MO.	DAY	YEAR	\$
City	State	Zij	ip Code (Plus —	4)	MO.	DAY	YEAR	\$
Employer of Contributor					Occupatio			
Employer Mailing Address/Principal Place of Business					Description	on of Con	tribution	
Full Name of Contributor					MO.	DAY	YEAR	\$
Mailing Address					MO.	DAY	YEAR	\$
City	State	Zi	ip Code (Plus —		MO.	DAY	YEAR	\$
Employer of Contributor					Occupatio			
Employer Mailing Address/Principal Place of Business						on of Cor		
Full Name of Contributor							YEAR	\$
Mailing Address					MO.	DAY		\$
City	<u>-</u>					DAY	YEAR	\$
Employer of Contributor					Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution				
			V:		<u> </u>	.4-!1		PAGE TOTAL
Enter Grand Total of Part G on Sche Summary Page, Section 3.	idule	ii, In-	kind Con	rtributi:	ons Di	beliere		\$
DSEB-502 (7-99)								

SCHEDULE III

STATEMENT OF EXPENDITURES

			R	eporting F	Parind	<u> </u>
Name of Filing Committee or Candidate LESTIC RIWARDS			['"	From	1/29	11 To 12/31/11
Cesti - Mic 1112						
To Whom Paid The Waldorf Astoric	<u>ب</u>		MO. 12	P\$*	YEAR	Amount 43.97
To Whom Paid The Waldorf Astoric Mailing Address 301 Park Avenue			Description	on of Expe	enditure Splen	osesfor
New York		Zip Code (Plus 4) 1002Z -	P	A Su	ciety	
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description	on of Expe	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid	<u></u>		MO.	DAY	YEAR	Amount \$
Mailing Address			Descripti	ion of Expe	anditure	
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) —				
To Whom Paid	<u></u>		мо.	DAY	YEAR	Amount \$
Mailing Address			Descript	ion of Exp	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid	_		MO.	DAY	YEAR	Amount \$
Mailing Address			Descript	tion of Exp	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descript	tion of Exp	penditure	
City	State	Zip Code (Plus 4)	†			
To Whom Paid			MQ.	PAY.	YE OR	Amount \$
Mailing Address			Descript	tion of Ex	penditure	
City	State	Zip Code (Plus 4)				
		-				PAGE TOTAL
Enter Grand Total of Expenditures on Pa	age 1,	Report Cover I	Page, It	tem D.		\$543.97

Reporting Period

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 LPSIC RICHARDS			Reporting Erom 1	Period	11 10 12 31/11
LASIL WILLIAM				-	
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	MG.	BAY	YEAR	\$
Marring Vogices	DEBT INCURRED				The factor of the state of the
City		State	Zip Code —	(Plus 4)	
Description of Debt	· · · · · · ·		 	-	
Name of Craditor	· · · · · · · · · · · · · · · · · · ·				Outstanding Balance of Debi
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	HICORRED	State	Zip Code	(Plus 4)	
Description of Debt	· *				The second control of
Name of Creditor	-				Outstanding Balance of Deb
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
Sity	INCURRED	State	Zip Code	(Plus 4)	
			_	•	
Description of Debt		_			
Name of Creditor	<u> </u>				Outstanding Balance of Deb \$
Malling Address	DATE DEBT	MÖ.	DAY	YEAR	
Sity	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt			<u> </u>		
Name of Creditor	· · · · · · · · · · · · · · · · · · ·	·		-	Outstanding Balance of Det
Mailing Address	DATE	MO.	DAY	YEAR	
Ato.	DEBT	State	Zip Code	(Plus 4)	
				-	
Description of Debt					
Name of Creditor					Outstanding Balance of Det
Mailing Address	DATE DEBT	_ MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt			L		
					PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page	I, Report Cover	Page,	item G.		\$
Cittel Cignic (Otel Of Others Depre Of 1 #36	.,	3-,			