			Comm	onwealth	of Pe	nrisvlva	ania							12	~
		C	MPAIG				_	POF	T	F	AGE 1	OF _	(COV	ER PA	GE)
	(NOTE: This report	t must	be clear and	legible.	It may	be typ	oed or	print	ed in	blue or l	black ir	nk.)			
Filer Identificatio	n 🕨			Report Filed B		C.	ANDID	ATE	1.	COMM	ITTEE	$\sqrt{2}$	LOB	BYIST	3.
	nittee, Candidate or Lo	byist:	Lesl		D		6	•	l c	I		L	I		
Street Address	1dS 0	12			-	10	n_a	44							
City:	106	ÐM	sswor	9 <u>/</u>	\mathcal{D}_1	Sta	te/)	•		Zip Coc	ia:				
Lat	ayette		Hul				PA				94	44	;		
TYPE OF REPORT	DTH TUESDAY	1.	2ND FRIDA PRE-PRIMA		2.	30 DA POST	Y PRIMA	RY	х	AMENDI		YES		NO	
	OTH TUESDAY	4.	2ND FRIDA PRE-ELECT		5.	30 DA Post	ELECTI	ON	6.	TERMIN		YES		NO	
(place X to the right of report type)	ANNUAL REPORT	7.	YEAR	4		FILING	METH			PAPI	ER		DISK	ETTE	
Name of Office Soug							E OF		TION	District	Offic		Party		unty
	A					MO.	DAY	YE	AR	Number	071		сод . DEN	1 4	
COUNTY	Commi	55 L	oner				De	20	12	"/A			· ··	FOR C	ODES
		M	D. DAY YI	RA		MO.	DAY	YE	AR	F	OR OF	FICE	USE C	DNLY	
Summary of F and Expenditu		0	10120	12	То	05	14	20	n						
A. Amount Brough	nt Forward From La	st Rep	ort		\$	2,	585	5.1	~5						
B. Total Monetary	Contributions and I	Receip	ts (From Sche	adule I)	s 2	· 9',	ىر ب	5.0	Q						1
C. Total Funds Av	ailable (Sum of Line	es Aa	ind B)		\$ 1	32,5	60.	25					- ∹		, †
D. Total Expenditu	ures (From Schedule	• (II)			\$	10 9	500	. 0	0			۰.			1
E. Ending Cash Ba	alance (Subtract Line	D fr	om Line C)		\$	22,	abc	. Z	5Ù				5		i. i
F. Value of In-Ki	nd Contributions Re	ceiveo	From Sched	iule II)	\$		0 -								,i
G. Unpaid Debts a	nd Obligations (From	n Sch	edule IV)		\$	_	0			~			<u>сл</u> 		
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	is a Committee rep												and b	alief t	
correct and complete	8.				-		A				,				,
Sworn to and subse	ribed before me this		20	17	ר		2	١.	In	K	ist	1			
COMMONWEALTH G Netaria		De	1		-	(بني ^ لم ``		iture of	Person S	ubmittir	ıg Repo	art		
- Dianna Diffilo,	ontoomery County ature	JR	lio	<u> </u>	} -	نے		<u>ri</u> -		KISI Printed Na	me				·
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(P.L. 1333, No. 320)										, provide	-		or surre	- 3, (3	
2-1 day			20	12	ר	(×	2	مرہ	·R	لع	<u></u>	la	>	
COMMONWEALTH	OF PENNSYLVANIA	$\overline{\mathbf{b}}$	···		[-			51	Signa I C		ndidate	~			
Notari	Notary Public	<u>1. "</u>	nere ?	'n e	ſ -		1	-		Printed Na	Mr.	10-	-	() /	
Normstown boror	iner March MO2016		2014 YR.		J -	A	φ/ Cod	2 le	_		<u>S7</u> laytime	Telepho	I /	77 mber	
MEMBER, PENNSYLVANIA	ASSOCIATION OF NOTARIE	<u> </u>										<u></u>	-		
			itate 🗢 Bur	eau of (Commi	ssions	, Elect	tions	and L	egislatio	n				

210 North Office Building
Harrisburg, PA 17120-0029
(717) 787-5280

DSEB-502 (7-99)

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SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Reporting Period of Leslie Richards From 01-01-12 To 5-14-D riends

UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period

25.00 \$

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)		\$ 650.00
TOTAL for the Reporting Period	(2)	\$ 650.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ 15,000.00
All Other Contributions (Part D)		\$ 14,300
TOTAL for the Reporting Period	(3)	\$ 29,300

4. OTHER REC	EIPTS -	REFUNDS,	INTEREST	EARNED,	RETURNED	CHECKS,	ETC.	(FROM	PART	E)
			TOTAL	for the R	eporting Per	iod	(4)	\$ -	- 0	~

(1)

PAGE 2 OF 13

PAGE 3 OF 13

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	•		R	eporting	Period	
Name of Filing Committee or Candidate	slie	- Richan	ds	From 💋	-10-	12 To 5-14-12
	-			DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	•
						s
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
					VEAD	\$
Full Name of Contributing Committee			<u>M0.</u>	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	s
	State	Zip Code (Plus 4)				*
City	State	Zip Code (Fills 4/	<u>MO.</u>	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
		<u></u>				\$
Mailing Address			<u>MO.</u>	DAY	YEAR	s
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	
		-				\$
Full Name of Contributing Committee			MQ.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	*
						\$
City	State	Zip Code (Plus 4)	MO,	DAY	YEAR	s
			MO.	DAY	YEAR	*
Full Name of Contributing Committee					1600	\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		DAY.		*
,		_	<u>MQ.</u>	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address		, <u>.</u> ,				*
mening Address			<u>MO.</u>	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Full Name of Contributing Committee			<u>MO.</u>	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	s
Full Name of Contributing Committee			_MO.	DAY	YEAR	
		, 				\$
Mailing Address			MO.	DAY	YEAR	\$
Сну	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Enter Grand Total of Part A on Sche	dula I	Detailed Summa	N Dece	Santia		
Enter Grand Lotar of Mart A on Sche	ruule I,	Paralied Snuug	iy rage,	280110	. ∠ .	\$ -0 -

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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.)

Name of Filing Committee or Candidate	Reporting Period	
Friends of Leslie Richards	From 01-01-	-12 10 5-14-12
	DATE	AMOUNT
Full Name of Contributor Haward Zipin Mailing Address	MO. DAY YEAR 5 3 /ス	\$ 250.0U
Mailing Address Flow and Zigin 708 Presidential Drive	MO, DAY YEAR	\$
City Shite Zip Code (Plus 4)	MO. DAY YEAR	
		\$
Full Name of Countibutor Joseph Sternburg	мо. day year 05 13 12	\$ 100.00
Mailing Address 150 Bulle Circle	MO. DAY YEAR	
City Bive BUL PA 19422	MO. DAY YEAR	\$
Full Name of Contellator	MO. DAY YEAR	s innan
Meiling Address 6 and August	05 (0 12 MO. DAY YEAR	100.00
2912 ULEton Kd		
Norristonn A 19403	MO. DAY YEAR	\$
Full Name of Contributor Jeannette Martlin	MO. DAY YEAR	\$ 100.10
Mailing Address 3 Curol Place	MO. DAY YEAR	- s
City a State Zin Code (Plus 4)	MO. DAY YEAR	
Meadowbrook PA 19046	MO. DAY YEAR	\$
Full Name of Contributor	05 01 12	\$ 100.00
1084 Victor Lane	MQ. DAY YEAR	\$
City Bryn Maw PA 1900-	MO. DAY YEAR	8
Full Name of Contributor	MO. DAY YEAR	
Mailing Address	MO. DAY YEAR	\$
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)	MQ. DAY YEAR	- 5
Full Name of Contributor	MO. DAY YEAR	- 5
Meiling Address	MO. DAY YEAR	
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
		\$
		PAGE TOTAL
Enter Grand Total of Part B on Schedule I, Detailed Summary		\$ 650.00

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PAGE 5 OF 12

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	R	eporting I	Period	
Friends of Leslie Richards		From 0	1-01-1	12 To 5-14-12
		DATE		AMOUNT
Full Nemerot Contributing Committee of Bob Hart	MO. 03	DAY 16	year ノス	\$ 500.00
Meiling Address N. Broad St	MQ.	DAY	YEAR	\$
City Phila PA 19123	MO.	DAY	YEAR	\$
Full Name of Contributing Committee Strict Council PAC	мо. Ч	DAY 26	YEAR Iλ	\$ 5,000.00
Mailing Address 665 N. Broad St.	. MO.	DAY	YEAR	\$
City Philadelphin 19123	MO.	DAY	YEAR	\$
Full Name of Contributing Committee - Liberty Fund Hennsylvania Liberty Fund Mailing Address	мо. 04	DAY	YEAR 12	\$ 2500.00
Mailing Address 101 Greenwood Are 5th ff City Jenkantown PA 19045	MO.	DAY	YEAR	\$
	<u>. MQ.</u>	DAY	YEAR	\$
Full Nome of Contributing Committee WOrkers Union	мо. 05		YEAR 12	\$ 1000.00
Mailing Address LUCM 234	MQ.	DAY	YEÁR	\$
Phila PA 19123	мо.	DAY	YEAR	\$
Full Name of Contributing Committee Americaniof Italien Heritan Mailing Address	мо. , 05	DAY US	YEAR	\$ 1000.00
2050 Andobn Rd	<u>MO.</u>	DAY	YEAR	\$
Andobe PA 19403	<u>M0.</u>	DAY	YEAR	\$
Full Name of Antriputing Committee	мо. 02	DAY 入	YEAR	\$ 5,000.00
Seventh Street NW	<u>MO.</u>	DAY	YEAR	\$
City Washington DC 2000-1	MD.	DAY	YEAR	\$
Full Name of Contributing Completee	MQ.	DAY	YEAR	\$
Mailing Address	<u>M0.</u>	DAY	YEAR	\$
City State Zip Code (Plus 4) —	MO,	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Meiling Address	<u>MO.</u>	DAY	YEAR	\$
City State Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Enter Orand Total of Part C on Cabadula I. Datailed Comment	D+	On entire -		PAGE TOTAL \$ 15,000.00
Enter Grand Total of Part C on Schedule I, Detailed Summary	rage,	Section	13.	» 15/000.00

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	I	PART D
All	OTHER	CONTRIBUTIONS
	0\/E	P \$250.00

PAGE 6_0F 12

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OVER \$250.00 Use this Part to itemize all other contributions	with a	n aggreg	gate va	alue of
over \$250.00 in the reporting (Exclude contributions from political commit	perio	d	-	
		aporting (Pasiod	
Friends of Leslie Richard	ک	From 0	1-01-	12 10 5-14-12
		DATE		AMOUNT
Full Nome of contributory Unbrecht	мо. 04	DAY 27	YEAR ノン	\$1000.00
	. мо.	DAÝ	YEAR	\$
City Strete Zip Code (Plus 4)	MO.	DAY	YEAR	*
VILLANOVA PA 19085 Employer Name	Occupati	on		\$
Employer Maiting Address/Principal Place of Business				
Full Name of Consumption Etern Stern	мо. 05	DAY 16	YEAR ノス	\$ 500.00
Mailing Address	MO.	DAY		\$
City / Ci	MO.	DAY	YEAR	· · · · · · · · · · · · · · · · · · ·
City Upper gwynedd PA 19446				\$
Employer Neme	Occupati	on		
Employer Mailing Address/Principal Place of Business				
Full Nampor Contributor	M0.	DAY	YEAR	\$ 600.00
Mailing Address 225 S. 4th Strict	D5 MO.	DAY	12 YEAR	200.00
225 S. 44 Street				\$
City Phila BA 1910-6	<u>M0.</u>	DAY	YEAR	\$
Employer Name	Occupati	on		
Employer Mailing Address/Principal Place of Business	1			
Full Name of Contributor	MO.	DAY	YEAR	
LALANA KOOS	05	の入	12	\$ 500.00
460 NOCCISTOWN Rd	<u>MO.</u>	DAY	YEAR	\$
Mailing Address H60 Norristown Rd City BILL BUL PA 19422 Employer Name	MO.	DAY	YEAR	\$
Employer Name Lang Day Labor / LD	Occupati	on		·
Employer Mains Ler Pearl Stine UP Employer Mailing Address/Principal Place of Business				<u> </u>
Full Napport Contributor Mathew thekson	MO. 05	DAY US	YEAR ノス	\$ 300.00
Meiling Address 2500 E. High Street	MO.	PAY	YEAR	\$
City State Zip Code (Plus 4)	мо.	DAY	YEAR	\$
Puttstorm PA 19464	Occupati	an		-
Truthe Planning & Designi Employer Malling Address/Principal Place of Business				
Enter Grand Total of Part D on Schedule I, Detailed Summary	/ Page,	Section	n 3.	PAGE TOTAL
DSEB-502 (7-99)				\$ 2500.00

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		IS	PA	GE OF
OVER \$250.00	U HON			
lies this Part to itemize all other contributions	with an	aggre	gate va	lue of
Over \$250.00 in the reporting (Exclude contributions from political commit	3 081100	_		
Alima of Filing Committee or Candidate	0,	norting	Period	
Friends of Leslie Richards			21-01-	12 To 5-14-12
	MQ.	DATE	YEAR	AMOUNT
Full Name (Contributor) Baker	02	ン	12 YEAR	\$ 5,000.00
Mailing Address 306 Brentford Road	MO.	DAY		\$
City Haverford. State Zip Code (Plus 4) PA- 19041 -	MO.	DAY	YEAR	\$
Employer Name Self. employed	Occupatio	on.	**************************************	
Employer Mailing Address/Principal Place of Business	<u> </u>			
Full Nome at Contratiutors MB DNVLStweats	05	0AY 035	2012	\$ 5,000.00
Mailing Address 2650 Andoban Rd	MD.	DAY	YEAR	\$
City Aladahan PA Zip Code (P) ug 43	MO.	DAY	YEAR	
	Occupati			\$
Employer Name J. P. Mascaro & Sons	Geespati			
Employer Meiling Address/Principal Place of Business				
Full Name of Contributor	MO.	DAY	YEAR	
Marc Jonas	05 M0.	DAY	2012 YEAR	\$ 1000.00
Mailing Address 1465 Granary Road		Mest		\$
City Blue Bell State Zip Code (Plus 4) A 19422 -	NO.	DAY	YEAR	\$
Employer Name	Occupati	enre	X	
Employer Name Eastburn & Gray. P.C. Employer Mailing Address/Principal Place of Business	<u> </u>	angi		
			1	
Full Name of Contributor	NO. 05	DAY	ZULZ	\$ 500,00
Mailing Address 2113 Magnolia Lane	MQ.	DAY	YEAR	\$
City Sure Lip Code (Plus 4) City Anuatte Hill A 1944 -	MO.	DAY	YEAR	\$
Employer Name Self. Pro Alled	Occupat	ion		A
Employer Mailing Addrass/Principal Place of Business	<u> </u>			
	MO.	DAY	YEAR	
Full Name of Contributor		- R4V	YEAR	1 \$
Mailing Address	<u>MO.</u>	DAY		\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	Occupat	tion		- <u></u>
Employer Mailing Address/Principal Place of Business	<u> </u>	<u></u>		
				PAGE TOTAL
Enter Grand Total of Part D on Schedule I, Detailed Summa	ry Page	, Secti	on 3.	\$ 11,500

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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 Ca Friends of	- Leslie	Richan	ا د ا``	porting From Ø	-01-1	x To 5-14-1
Friends of		NUMara				
li Name						
eiling Address						
ty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
						\$
ceipt Description	·					
II Name					/	
ailing Address						
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
eceipt Description						\$
					,	/
ull Name						
ailing Address						
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
aceipt Description						\$
						/
ill Name						
ailing Address						
ty	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	Amount \$
eceipt Description		· ••••••			l	/
li Name					/	/
aiting Address					_	
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
eceipt Description	<u> </u>			<u>t .</u>	1	/
uli Name					·	··
ailing Address						
	·····	Zip Code (Plus 4)			T VE 40	Amount
ity	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
eceipt Description						
						PAGE TOTAL

DSEB-502 (7-99)

SCHEDULE II PAGE 9 OF 13

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 Reporting Period Leslie Richards From 01-01-12 To 5-14 12 04 Friends

 I. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

 TOTAL for the Reporting Period
 (1)

 \$
 0

3.	IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G	3)	
	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 -
and 5, also enter on rage 1, kepont cover rage, item r.)	

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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	1 •	0.1	Repo	orting Perio	bd	
Friends of Landidate	istic	kichards	Fr	om <u>ø </u> ~0	1-12	To 5-14-12
			(DATE		AMOUNT
Fuil Name of Contributor			M0.	DAY YE	AA \$	
Mailing Address			MQ.		<u>AR</u> \$	
City	State	Zip Code (Plus 4) —	MQ.	DAY YE	AR \$	
Description of Contribution:	I			I	4	´ ·
Full Name of Contributor	· · · · · · · ·		MO.	DAY YE	AR S	
Mailing Address			M0.	DAY YE	AR \$	
City	State	Zip Code (Plus 4)	MO.	DAY YE	AR \$	
Description of Contribution:	<u>_</u>	<u> </u>	1, <u>1</u>		I	[*]
Full Name of Contributor		· · · · · · · · · · · · · · · · · · ·	MQ.	DAY YE	AR	
					\$	
Mailing Address			MO.	DAY YE	<u>AR</u> \$	
City	State	Zip Code (Plus 4) —	MO,	DAY YE	AR \$	
Description of Contribution:						
Full Name of Contributor			MO.	DAY YE	AR	~
					\$	
Mailing Address			<u>MO.</u>	DAY YE	AR \$	
City	State	Zip Code (Plus 4) -	MQ.	DAY YE	<u>AR</u> \$	
Description of Contribution:						
Full Name of Contributor			MQ.	DAY YE	AR \$	/
Mailing Address			мо.	DAY YE	AR \$	
City	State	Zip Code (Plus 4) -	. MQ,	DAY YE	AR \$	
Description of Contribution:	<u>t</u>		- A I	Å		
Full Name of Contributor			MO.	DAY YE	AR \$	/
Mailing Address		ana / a · · · · · · · · · · · · · · · · ·	MQ.	DAY YE	AR \$	
City	State	Zip Code (Plus 4)	MO.	DAY YE	AR \$	
Description of Contribution:	1 I.		<u> </u>	I	I	
					PAG	E TOTAL
Enter Grand Total of Part F on Summary Page, Section 2.	Schedule II,	In-Kind Contribut	tions Deta	iled	\$	-0-

Summary Page, Section 2.

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PAGE	/ 1 OF_	13

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

Name of Filing Committee or Candidate			R	porting i	Period			
Name of Filing Committee or Candidate Friends OF L	esl	le Kich	ards	From 🚺	-01 -	12 To 5-14-12		
				DATE		AMOUNT		
Full Name of Contributor			<u>MO.</u>	DAY	YEAR	\$		
Mailing Address		······································	M0.	DAY	YEAR	\$		
сну	State	Zip Code (Plus 4)	MO.	DAY	YEAR			
			Occupatio		L J	\$		
Employer of Contributor			Gecupatio					
Employer Mailing Address/Principal Place of Business			Descripti	on of Coni	tribution			
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	15		
Employer of Contributor			Occupatio	on		l		
Employer Mailing Address/Principal Place of Business	· ·		Descripti	ion of Con	tribution			
Full Name of Contributor			<u>MO.</u>	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor	<u> </u>	<u></u>	Óccupati	on	/	Y		
Employer Mailing Address/Principal Place of Business			Description of Contribution					
Full Name of Contributor			мо.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	<u>MO.</u>	DAY	YEAR	\$		
Employer of Contributor			Óccupati	on	L	<u>بر</u>		
			<u> </u>		a.16			
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	tribution			
Full Name of Contributor			<u>MQ.</u>	DAY	YEAR	\$		
Mailing Address			MQ.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$		
Employer of Contributor			Occupati	l ion		×		
Employer Malling Address/Principal Place of Business			Descript	ion of Cor	ntribution	<u></u>		
				· · · · · · · · · · · · · · · · · · ·				
Entry Organit Total of David O Ochan		In-Kind Contribu	utiona D	atailad		PAGE TOTAL		
Enter Grand Total of Part G on Schee Summary Page, Section 3.	uule II	, in-kind Contribu	utions D	erailed		s -0 -		

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PAGE	2	OF	13	_
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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate		Rep	porting P	eriod	······
Friends of Leslie Richards		F	rom D	1 · DI · 2	2012 TO 5.14.12
To Whom Paid Shepino/Richards		MO. OZ	DAY 22	12	Amount \$ 2,5,000
Mailing Address P. D. BOX 241	De		trim	iture 17107	1
City State Z	(ip Code (Plus 4) 9001 -				
To Whom Paid Schwartz for Congress Mailing Address		<u>мо.</u> Ч	DAY 10	YEAR 12	Amount \$ 500 00
201 Lepton Street			trih	nditure NHC	\mathcal{M}
City State 2	1 POUC -				
To Whom Paid Shapiro / Richards		мо. 4		12_	Amount \$ 2000. 00
Mailing Address P.O. Box 241		CU		ibrt	ion
City State	Zip Code (Plus 4) 9001 -				
To Whom Paid Shapiro / Richards	6	M0. 05	DAY	YEAR 12	s 2000.00
Mailing Address PO Box 241			n of Expe	miture	
	Zip Code (Plus 4) 900 -				
To Whom Paid Shapiro / Richard S		MO. 05	DAY 14	YEAR 12	Amount \$ 1000.00
Mailing Address OBOX 241			n of Expe かれ	nditure Mtic	\sim
City State	Zip Code (Pius 4) 9001 -				
To Whom Paid		MO.	DAY	YEAR	Amount \$
Mailing Address	D	Descriptio	n of Expe	nditure	
City State 2	Zip Code (Plus 4) —				
To Whom Paid		MO.	DAY	YEAR	Amount S
Mailing Address	D	Descriptio	n of Expe	nditure	
City State	Zip Code (Plus 4) —				
To Whom Paid		MQ.	DAY	YEAR	Amount \$
Mailing Address	-	Descriptic	on of Expe	onditure	
City State	Zip Code (Plus 4) 				
					PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Re	eport Cover Pag	ge, ite	m D.		\$ 10,500.00

PAGE 12	_OF_	13
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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	0 (F	Reporting	Period	$\nu \sim 11/12$
Name of Filing Committee or Candidate Friends of Leslic	Richard	ا د	From	- 15	12 10 5-14 12
Name of Creditor					Outstanding Balance of Debt
Mailing Address		MO.	DAY	YEAR	
Сіту	INCURRED	State	Zip Code	(Pius 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY	YEAR	\$
	DEBT INCURRED				
City		State	Zip Code	(Pius 4)	
Description of Debt	k	ł		/	/
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
					\$
Mailing Address	DATE DEBT INCURRED	MQ.	DAY	YEAR	
City		State	Zip Code —	(Plus 4)	
Description of Debt		L		/	
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor				·	Outstanding Balance of Debt
					Substanting Balance of Debt
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	1	State	Zip Code	(Plus 4)	
Description of Debt		<u> </u>			·····
					PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page	1, Report Cover P	age, l	tem G.		\$ _0 -

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