

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.} <input type="checkbox"/>		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.} <input type="checkbox"/>			
Name of Filing Committee, Candidate or Lobbyist: <u>Friends of Leslie Richards</u>											
Street Address: <u>2106 Basswood Drive</u>											
City: <u>Lafayette Hill</u>					State: <u>PA</u>		Zip Code: <u>19144</u>				
TYPE OF REPORT (place X to the right of report type)	9TH TUESDAY PRE-PRIMARY	<input type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	<input type="checkbox"/>	30 DAY POST PRIMARY	<input type="checkbox"/>	AMENDMENT REPORT?	YES	NO		
	6TH TUESDAY PRE-ELECTION	<input type="checkbox"/>	2ND FRIDAY PRE-ELECTION	<input type="checkbox"/>	30 DAY POST ELECTION	<input type="checkbox"/>	TERMINATION REPORT?	YES	NO		
	ANNUAL REPORT	<input checked="" type="checkbox"/>	YEAR	<u>2012</u>		FILING METHOD () CHECK ONE		PAPER	DISKETTE		
Name of Office Sought by Candidate:					DATE OF ELECTION		District Number	Office Code	Party Code	County Code	
					MO.	DAY	YEAR	<u>N/A</u>	<u>0TH</u>	<u>DEM</u>	<u>46</u>
					<u>11</u>	<u>06</u>	<u>2012</u>	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:			MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY RECEIVED MAR 31 P 1:15	
			<u>10</u>	<u>23</u>	<u>2012</u>	To	<u>12</u>	<u>31</u>	<u>2012</u>		
A. Amount Brought Forward From Last Report					\$	<u>43,074.12</u>					
B. Total Monetary Contributions and Receipts (From Schedule I)					\$	<u>11,850.00</u>					
C. Total Funds Available (Sum of Lines A and B)					\$	<u>54,924.12</u>					
D. Total Expenditures (From Schedule III)					\$	<u>6,822.16</u>					
E. Ending Cash Balance (Subtract Line D from Line C)					\$	<u>48,101.96</u>					
F. Value of In-Kind Contributions Received (From Schedule II)					\$	<u>704.00</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, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me, the Notary Public, on 31 day of January, 2012 at Norristown Boro, Montgomery County, Pennsylvania.

Notary Seal: Diana Dillio, Notary Public, My Commission Expires March 16, 2016

Signature of Person Submitting Report: Sheri Rister
 Printed Name: Sheri Rister
 Area Code: 215 Daytime Telephone Number: 275 0320

My commission expires 3 MO. 16 DAY 2016 YR.

PART II - If this is a report of a Candidate, 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 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me, the Notary Public, on 31 day of January, 2012 at Norristown Boro, Montgomery County, Pennsylvania.

Notary Seal: Diana Dillio, Notary Public, My Commission Expires March 16, 2016

Signature of Candidate: Leslie Richards
 Printed Name: Leslie Richards
 Area Code: 610 Daytime Telephone Number: 457 1744

My commission expires 3 MO. 16 DAY 2016 YR.

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Friends of Leslie Richards	Reporting Period From 10-23-12 To 12-31-12
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ - 0 -

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)	\$ 200.00
TOTAL for the Reporting Period (2)	\$ 200.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 300.00
All Other Contributions (Part D)	\$ 11,350.00
TOTAL for the Reporting Period (3)	\$ 11,650.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM 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.)	\$ 11,850.00
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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 <i>Friends of Leslie Richards</i>	Reporting Period From <i>10-23-12</i> To <i>12-31-12</i>
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Full Name of Contributing Committee	DATE			AMOUNT
	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)				\$

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

PAGE TOTAL \$ <i>-0-</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 Friends of Leslie Richards	Reporting Period From 10-23-12 To 12-31-12
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Matthew Marquart	10	23	12	\$ 200.00
Mailing Address 11 Overlook Circle	MO.	DAY	YEAR	\$
City Garnet Valley State PA Zip Code (Plus 4) 19661	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$

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

PAGE TOTAL
\$ 200.00

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 Friends of Leslie Richards	Reporting Period From 10-23-12 To 12-31-12
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				DATE			AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR				
P4CD PAC	11	20	12	\$	300.00		
Mailing Address 2301 Market St	MO.	DAY	YEAR	\$			
City Phila State PA Zip Code (Plus 4) 19103	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 \$ 300.00

**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 Friends of Leslie Richards	Reporting Period From 10-23-12 To 12-31-12
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Edward & Nan Sweeney	10	24	12	\$ 10,000.00
Mailing Address 237 Huntsman Lane	MO.	DAY	YEAR	\$
City Blue Bell State PA Zip Code (Plus 4) 19422-	MO.	DAY	YEAR	\$
Employer Name retired	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Richard Greenfield	11	17	12	\$ 1,000.00
Mailing Address 211 Atlantic Avenue	MO.	DAY	YEAR	\$
City Palm Beach State FL Zip Code (Plus 4) 33480-	MO.	DAY	YEAR	\$
Employer Name retired	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Washington Street Assoc.	10	15	12	\$ 350.00
Mailing Address 2701 Renaissance Blvd	MO.	DAY	YEAR	\$
City King of Prussia State PA Zip Code (Plus 4) 19406	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	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	DATE			AMOUNT
	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
\$ 11,350.00

**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.

Name of Filing Committee or Candidate Friends of Leslie Richards	Reporting Period From 10.23.12 To 12.31.12
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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						

PAGE TOTAL
\$ <u>0</u> —

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

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>Friends of Leslie Richards</i>	Reporting Period From <i>10-23-12</i> To <i>12-31-12</i>
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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>704.00</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>704.00</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 Friends of Leslie Richards	Reporting Period From 10.23.12 To 12.31.12
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Description of Contribution:				
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 \$ <u>0</u>

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

Name of Filing Committee or Candidate <u>Friends of Leslie Richards</u>	Reporting Period From <u>10.23.12</u> To <u>12.31.12</u>
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				DATE			AMOUNT
Full Name of Contributor <u>Sue Schick</u>				MO.	DAY	YEAR	\$ <u>704.00</u>
Mailing Address <u>319 Berkley Road</u>				<u>12</u>	<u>08</u>	<u>2012</u>	
City <u>Merion Station</u>		State <u>PA</u>	Zip Code (Plus 4) <u>19066 -</u>	MO.	DAY	YEAR	\$
Employer of Contributor <u>United Healthcare of PA & DE</u>				MO.	DAY	YEAR	
Employer Mailing Address/Principal Place of Business <u>100 East Penn Square, Philadelphia, PA 19107</u>				Occupation <u>CEO</u>			\$
				Description of Contribution <u>tickets to Broadway show</u>			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor				MO.	DAY	YEAR	
Employer Mailing Address/Principal Place of Business				Occupation			\$
				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				MO.	DAY	YEAR	
Employer Mailing Address/Principal Place of Business				Occupation			\$
				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				MO.	DAY	YEAR	
Employer Mailing Address/Principal Place of Business				Occupation			\$
				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				MO.	DAY	YEAR	
Employer Mailing Address/Principal Place of Business				Occupation			\$
				Description of Contribution			

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

PAGE TOTAL \$ <u>704.00</u>

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Leslie Richards	Reporting Period From 10.23.12 To 12.31.12
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To Whom Paid Shapiro/Richards	MO.	DAY	YEAR	Amount
Mailing Address P.O. Box 241	11	18	12	\$ 5,000.00
City Abington	Description of Expenditure Contribution			
State PA	Zip Code (Plus 4) 19001			

To Whom Paid Friends of Madeleen Dean	MO.	DAY	YEAR	Amount
Mailing Address PO Box 381	10	28	12	\$ 1,000.00
City Gilenside	Description of Expenditure Contribution			
State PA	Zip Code (Plus 4) 19038 -			

To Whom Paid Hotcards	MO.	DAY	YEAR	Amount
Mailing Address 182 Harrisonville Road	12	07	12	\$ 822.16
City Mullica Hill	Description of Expenditure Holiday Cards			
State NJ	Zip Code (Plus 4) 08062 -			

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$ -
City	Description of Expenditure			
State	Zip Code (Plus 4)			

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$ -
City	Description of Expenditure			
State	Zip Code (Plus 4)			

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$ -
City	Description of Expenditure			
State	Zip Code (Plus 4)			

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$ -
City	Description of Expenditure			
State	Zip Code (Plus 4)			

To Whom Paid	MO.	DAY	YEAR	Amount
Mailing Address				\$ -
City	Description of Expenditure			
State	Zip Code (Plus 4)			

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

PAGE TOTAL
\$ 6,822.16

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 Friends of Leslie Richards	Reporting Period From 10.23.12 To 12.31.12
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Name of Creditor					Outstanding Balance of Debt \$ <u> </u>
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					
Name of Creditor					Outstanding Balance of Debt \$ <u> </u>
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					
Name of Creditor					Outstanding Balance of Debt \$ <u> </u>
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					
Name of Creditor					Outstanding Balance of Debt \$ <u> </u>
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					
Name of Creditor					Outstanding Balance of Debt \$ <u> </u>
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					
Name of Creditor					Outstanding Balance of Debt \$ <u> </u>
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					
Name of Creditor					Outstanding Balance of Debt \$ <u> </u>
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 \$ <u> 0 </u>
