PAGE 1 OF

12

## CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible, it may be typed or printed in blue or block into

Filer Identificatio			CICAL AND	77.		ay be	typed or prir	ilea in	blue or	black ii	nk.)			
Number:				Repo Filed			CANDIDATE	1.	COMM	NTTEE	$\sqrt{2}$	LOB	BYIST	3.
Nome of Filing Committee, Candidate or Lobpyist:  Friends of Leslie Richards  Street Address:														
2	106	Bass	moo	d	Do	'ive	,							
city: Lat	avette	the	1				PA		Zip Co	94	144	!		
TYPE OF REPORT	PRE-PRIMARY	1.	2ND FRIDA PRE-PRIMA		2.		DAY ST PRIMARY	3.	AMENDI		YES		NO -	
(place X to	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA		5.		DAY ST ELECTION	€.	TERMIN REPORT		YES		NO	
the right of report type)	ANNUAL REPORT	7.✓	YE 4A	201	۲		G METHOD CHECK ONE		PAPI	ER		DISKI	ETTE	
Name of Office Sough	nt by Candidate:						ATE OF ELEC		District Number	Office Code		Party Code		inty ide
						<u>M0</u>		AR	NIA	OTH	١,	EM	40	,
						F1	06/20	<u>  }                                   </u>	* /A		STRUC			DDES)
Summary of Re	eceipts			AR		МО	. DAY YE	AR	F	OR OF	FICE U	SE O	NLY	
and Expenditure	es from:	10 7	23 20	12	То	12	31/20	12				r ~ 3	7	7
A. Amount Brought	Forward From Las	st Report			\$	43	074 .1	2		ijΟ,	_	نت	Ä	٦ l
B. Total Monetary (	Contributions and F	Receipts (F	rom Sche	dule I)	\$	11'	850.0	0		芝田子	<i>j</i>			)
C. Total Funds Ava	ilable (Sum of Line	s A and B	3)		\$ 54.924.12									
D. Total Expenditures (From Schedule III)				\$ 6.822.16					•	_				
E. Ending Cash Bala	ince (Subtract Line	D from L	ine C)		\$ 48, 101.96									
F. Value of In-Kind	Contributions Red	ceived (Fra	om Schedi	ule II)	\$ 71	24.12	D	~				··-		
G. Unpaid Debts an	d Obligations (From	Schedule	IV)		\$		_		<b>√</b>	15	,	ري. اک		
				FFIDA	/IT SE	CTION	1							
PART I - If this is	a Committee rep	ort, treasu	rer sign h	iere. I	fthis	is a C	andidate repo	ort, car	ndidate s	ign here	<b>).</b>			
I swear (or affirm) the correct and complete.	"COMMENWEALT	M OF PENI tarial Seai	MEA FAWAR	an ₁	paper o	r compi	uter diskette, a	re to th	e best of	my knov	vledge	and be	lief tru	æ,
Sworn to and subscri	bed before me shishi	Ilio Notary	Public				$\Lambda$ $\ell$		1	A				1
day of	My commission	o, Montgome Expires Marr	ery County ch 16, 2016	12	].		SI M	W	M	eli	~			ı
l De	My Commission	ITA ASSOCIATI	ION OF NOTA	RUES	1		Signa	ture of	Person Su	bmitting	Report			_
	Signature	1			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		- nen	- J	rinted Nam	10 -				- [
My commission expli	MO.	DAY	2016 YR.	<u>.</u>	<b>J</b> .		Area Code	_	2	ytime Te		32 Numb	<i>D</i> _	_
PART II - If this is	COMMISSION OF		10101511-16											ᆜ
I swear (or affirm) tha	to the best of my	residentes	Authorize	d Com	mittee	, cand	idate shall sig	n here						
(P.L. 1333, No. 320) as	emended. Dianna Norristown E ped reform/Continiss	Boro, Montgo	mery Count tarch 16, 20	16	60		idate shall sig • has not viola	ted any	provision	s of the	Act of	June 1	3, 1937	
Sworn to and subscrip	MENDER PENNSYL	on Expires M VANIA ASSOCI	ATTON OF NO	OTARIES	1	_	. ب			, !	_	(		
day of	John	7	20_	<u>/                                    </u>	] -		A CONT	Signatu	re-of Can	didate		د ـ	<u>&gt;-</u>	_ ]
- Br	an fil	le.	-		<b>}</b> _		Leslie	·	RIC	has	2ls			_
My commission expir	.s <u>3</u>	DAY	2016	• 			610	Pr -	inted Nam	57	1	74	4	
	iii.V.	201	T.F.			^	rea Code		Da	ytime Te	Jephone	Numb	er	

## SCHEDULE I

### CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Reporting Perio	od 3-12 то 12-31-12
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S PER CONTI	RIBUTOR
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ГВ}	
	\$ -0 -
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	\$ 11 350.00
od (3)	\$11650.00
oa (4)	\$ - 0 -
	\$ 11,850.00
	S PER CONTI

#### 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			F	Reporting	Period	
Friends of Le	slie	Richards				-12 To 12-31-12
				DATE	***	AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address			MO.	DAY	YEAR	\$
					TEAR	<b>  \$</b>
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	<del>                                     </del>
						<b>1</b> \$ /
Full Name of Contributing Committee		····	MO.	DAY	YEAR	
Mailing Address						<b></b>
			MO.	DAY	YEAR	s
City	State	Zip Code (Plus 4)	140	500	\ <u>\</u>	-
	j	=	MO.	DAY	YEAR	s /
Full Name of Contributing Committee			MO.	ĎAY	YEAR	
			11.0.	<u> </u>	TEAN	<b>†</b> \$ /
Mailing Address			MO.	DAY	YEAR	
75.						\$ /
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	
<b></b>	<del> </del>	_				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	•
Mailing Address			-	DAV	VEAR	\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	_Mo.	DAY	YEAR	
	_	-				<b>1</b> \$
Full Name of Contributing Committee		<u> </u>	MQ.	DAY	YEAR	
Mailing Address			<u></u> i			\$
Mairing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)				*/
<u> </u>	0.5.0		MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	VEAD	
				DAT	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City						\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	
						\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	*
			WO.		IEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_	<u></u> T			\$
Full Name of Contributing Committee			MO.	DAY	YEAR	•
Mailing Address					Sez-	\$
-			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-	<del>"""</del>	. JAI	1500	<b>\$</b>
					1	PAGE TOTAL
Enter Grand Total of Part A on S	chedule I,	<b>Detailed Summary</b>	Page,	Section	n 2.	
		•	-			s - 0 -

# 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		• •	,	F	eporting	Period	
Friends of	Lesli	e Ri	chara	6	From 0	-23-1	2 To 12-31-12
					DATE		AMOUNT
Full Name of Contributor  Mailing Address  Mailing Address	e calla A	<del>_</del>		мо. 10	DAY	YEAR	\$ 100 00
Mailing Address afthen Min 11 Over Jok City Garnet Jalley	A LAURE	<u> </u>		MO.	23 DAY	12 YEAR	\$ 200.00
11 Over look	Grole	_				1,2-4,1	<b>† \$</b>
City Garage Jallan	State A	Zip Code (		MO.	DAY	YEAR	
Full Name of Contributor	PA	19661					\$
Ton Name of Comploator				MO.	DAY	YEAR	\$
Mailing Address		· · · · · · · · · · · · · · · · · · ·		MO.	DAY	YEAR	<del> </del>
City						<u>L</u>	] \$
City	State	Zip Code (	Plus 4)	MQ.	DAY	YEAR	
Full Name of Contributor					2.42		\$
Nome of Committees				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	
City		<u> </u>					\$
	State	Zip Code (i	Plus 4}	MO.	DAY	YEAR	
Full Name of Contributor		<del></del>					\$
			İ	MO.	DAY	YEAR	\$
Mailing Address		, ,		MO.	DAY	YEAR	
City	State	Zip Code (F	0				\$
,	3(4)	21p C3de (F	-	MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	
			ľ		<u> </u>	TEAR	\$
Mailing Address		· · · · · · · · · · · · · · · · · · ·		MO.	DAY	YEAR	\$
City	State	Zip Code (P	No. 20				*
,	] State	21p Code (r		MO.	DAY	YEAR	\$
Full Name of Contributor	<del></del>			MO.	DAY	YEAR	*/
Manua							\$
Mailing Address	-			MO.	DAY	YEAR	\$
City	State	Zip Code (P	ius 4)	MQ.	547		
		-		100.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	
Mailing Address							<b>\$</b>
				MO.	DAY	YEAR	\$
City	State	Zip Code (P	lus 4)	MO.	DAY	YEAR	
							\$
Full Name of Contributor				MO.	DAY	YEAR	¢
Mailing Address							\$
			<u> </u>	MO.	DAY	YEAR	\$
City	State	Zip Code (P	lus 4)	MO.	DAY	YEAR	
							\$
							PAGE TOTAL
Enter Grand Total of Part B on S	Schedule I, i	Detailed Su	ımmary	Page, S	Section	2.	\$ 200.00
SEB-502 (7-99)			•			L	2.00.00

#### 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		<u> </u>	Ř	eporting	Period	
Friends of Les	ilic	Kichards		From _	0-23	-12 TO 12 31-12
				DATE		AMOUNT
Full Name of Partributing Committee AC		•	MO.	DAY	YEAR	\$ 200 00
			MO.	20 DAY	YEAR	\$ 300.00
2301 Mark	et S	<del>+</del>		1	12711	\$
City	State	Z-12 0000 (1 103 4)	MO.	DAY	YEAR	\$
Phila	UA.	1910-3				3
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			МО.	DAY	YEAR	\$
Mailing Address			MO.	DAÝ	YEAR	
			1			\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
						3/
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address	·· · · · · · · · · · · · · · · · · · ·		MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
		_	<u> </u>			* /
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		<u>-</u>				*/
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			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Cutt Name of Consideration Constitution		<del>-</del>	1 110	D. V	VEIL	-/
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			<u>i</u>			*
					İ	PAGE TOTAL
Enter Grand Total of Part C on Sci	hedule i,	Detailed Summary	/ Page,	Section	ո 3.	\$ 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			T F	Reporting	Period	
Friends of Lesl		Dicha No	ا ء			2 To 12.31.12
Friends of Right	<u>'\</u>	Michaia	>		_~	10 1721.12
Euli Name of Contributor				DATE		AMOUNT
Full Name of Contributor Edward & Nan Swe  Maiting Address  237 Huntsman  City Blue Bull [5]	ent	V	10	2 4	YEAR	\$ 10,000.00
Mailing Address	1	/	MO.	DAY	YEAR	\$
237 Huntsman	1	ane	<u> </u>			3
City RI. R.II	<b>1</b>	Zip Code (Plus 4)	MO.	DAY	YEAR	   s
Employer Name		19922	Occupati	ion	<u> </u>	I. *
retired			'			
Employer Mailing Address/Principal Place of Business					***	, <u>, , , , , , , , , , , , , , , , , , </u>
Full Name of Sontributor Richard Greens	أرامة		MO.	DAY	YEAR	\$ 1 000 00
Mailing Address			MO.	DAY	/A	1,000.00
211 Atlantic Avenue	2					\$
City Si	tete	Zip Code (Plus 4)	MO.	DAY	YEAR	_
talm beach F	1 5	33480 -		<u> </u>		\$
retired			Occupati	оп		
Employer Mailing Address/Principal Place of Business			1			
Full Name of Contributor	L	4-	MO.	DAY	YEAR	\$ 350.00
Mailing Address	-	1750c.	/ <i>O</i>	DAY	YEAR	\$ 350.00
2701   Re 2016644	t o	RIVA	- MO.		(EAR	\$
2701 Renaissan	tete	Zip Code (Plus 4)	MO.	DAY	YEAR	
King of Prussia	PA	19406				\$
Employer Name	•		Occupati	on		
Employer Mailing Address/Principal Place of Business						<del></del>
Full Name of Contributor			MO.	DAY	YEAR	
Maillan Addana						\$
Mailing Address			MO.	DAY	YEAR	\$
City	tate	Zip Code (Ptus 4)	MO.	DAY	YEAR	
						\$
Employer Name			Occupati	on		
Employer Mailing Address/Principal Place of Business						
The state of the s						/
Full Name of Contributor			MO.	DAY	YEAR	_
						\$
Mailing Address			MO.	DAY	YEAR	\$
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Employer Name			Occupati	on		7
Employer Mailing Address/Principal Place of Business			<u> </u>			
Serve Constituted at Server Server		-4-11-4-6		•		PAGE TOTAL
Enter Grand Total of Part D on Schedul	ie I, D	etalled Summary	/ Page,	Sectio	n 3.	\$ 11350.00
DSEB-502 (7-99)						11,000

# 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.

Friends of	Les	lie Richa	.ds R	eporting From <u>/1</u>	Period 23.	12 10 1231.12
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description				i		
Full Name						
Mailing Address						
City						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
Receipt Description			<del> </del>			
Full Name						
Mailing Address		· · · · · · · · · · · · · · · · · · ·	·			
City			· · · · · · · · · · · · · · · · · · ·			
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$ —
Receipt Description				<b>1</b>		
Full Name						
Mailing Address		<u> </u>				
City	State	Zip Code (Plus 4)	Mo.	DAY T	YEAR	Amount
Receipt Description		_			IFON	\$
Full Name						
Mailing Address			··	<del></del> .		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
Receipt Description						\$ <del></del>
Evil Man						
Full Name				<u>-</u>	•	
Mailing Address						
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	Amount
Receipt Description						\$
		· · · · · · · · · · · · · · · · · · ·				DACE TOTAL
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Olding Chart E Oll Sch	euule I,	Ceremen Summary	rage, S	ection	4.	\$ -0 -

#### SCHEDULE II

PAGE 6 0F 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	Reporting Per		
Friends of Leslie Richards	From 10.	23.12	то <u>12-31-12</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$	50.00 OR I	ESS PE	R CONTRIBUTOR
TOTAL for the Reporting Period	d (1)	\$	Ø
	<u> </u>	<b>4</b>	
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	50.00 (FROM	PART	F)
TOTAL for the Reporting Period	d (2)	\$	Ø
	***		
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART G	)	
TOTAL for the Reporting Period	d (3)	\$ 70	4.00
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.)		<b>\$</b> 70	04 00

#### SCHEDULE II PART F

# IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			F	Reporting	Period	
Friends of	1 psli	e Richard		From 1	0.23.	12 To 12.31.12
		C TO TWO ! "	<u> </u>	DATE		
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		<u> </u>	1 860	DAY	LVELD	
			MO.	DAY	YEAR	<b>s</b>
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
Description of Contribution:			<u>.                                    </u>	<u></u>	<u>l</u> .	<u>  *                                     </u>
Full Name of Contributor			Mo.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	VEAR	-
		— — — — — — — — — — — — — — — — — — —	With.	DAT	YEAR	\$
Description of Contribution:					l	L/
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	VEAR	
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		<del>-</del>				\$
Description of Contribution:			**-			
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			MU.	DAT	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	T 20 T					\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:	<u> </u>		<u> </u>			<u> </u>
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address						•
Intering Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Description of Contribution:			<u></u>			<u> </u>
Enter Grand Total of Part F on Sci	hedule II,	In-Kind Contributi	ons De	tailed		PAGE TOTAL
Summary Page, Section 2.						\$ 0 -

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	Reporting Period					
Friends of Leslie Richards		12 то 12.31.12				
	DATE	AMOUNT				
Full Name of Contributor SUE SCHICK	12 08 202	0 70150				
Mailing Address 319 Berkley Road	MO. DAY YEAR	\$				
Merion Station PA 19066 -	MO: DAY YEAR	\$				
United Healthcare of PA & DE	Occupation CED					
Employer Mailing Address/Principal Place of Business 100 East Penn Square, Philadelphia PA 19107		u show				
Full Name of Contributor	MO. DAY YEAR					
Mailing Address	MO. DAY YEAR	\$				
City State Zip Code (Plus 4)	MO. DAY YEAR	\$				
Employer of Contributor	Occupation					
Employer Mailing Address/Principal Place of Business	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	Occupation					
Employer Mailing Address/Principal Place of Business	Description of Contribution					
Full Name of Contributor	MO. DAY YEAR	\$				
Mailing Address	MO. DAY YEAR	\$				
City State Zip Code (Plus 4)	MO. DAY YEAR	s				
Employer of Contributor	Occupation					
Employer Mailing Address/Principal Place of Business	Description of Contribution					
Full Name of Contributor	MO. EMPAYS YVAR	\$				
Melting Address	MANORM BROAVE SKIPATE	\$				
City State Zip Code (Plus 4)	MOAS MAYER SYLERES	s				
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 Contrik Summary Page, Section 3.	outions Detailed	PAGE TOTAL  \$ 704 00				

DSEB-502 (7-99)

#### SCHEDULE III

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				eporting			
Friends of Leslie	$R_{\rm L}$	drasds.		From 10	.23.	12 10 1231	· /入
VIIICNAS U. C.	111	CV WI 43					
To Whom Paid			1 40	DAV	YEAR	■ Amount	
Shapiro/Kicha	ind	<u>S</u>	Mo.	J&	12	\$ 5,000	.00
Mailing Address $\varphi$ . O'. Box	21	4 /	1 41	on of Expe	- 1	hon	
City M	Syste	Zip Code (Plus 4)	<del>                                     </del>	2 ,	. <b>.</b>		
Phinaton	PA	19001	<u> </u>			<u> </u>	
To whom pero Jends of Ma	del:	cer Dean	MO.	2 8	YEAR	Amount \$ 1,000.	00
Mailing Address PO Box 381			Description	on of Expe		inton	
es Glenside	State	Zip Code (Plus 4)					
To Whom Paid , /			MO.	DAY	YEAR	Amount <b>\$</b>	16
Meiling Address			Description	on of Expe	nditure	\$ 0 //	1 10
182 Harrisonville Road			14/	olida	$\mathcal{M}$	Cards	
Myllia Hill	State	Zip Code (Plus 4) 08062 -			7		
To Whom Paid			MC.	DAY	YEAR	Amount	
Mailing Address			Description	on of Expe	nditure	\$	
City	State	Zip Code (Plus 4) —					
To Whom Paid	<u> </u>		MO.	DAY	YEAR	Amount	
Mailing Address			Description	on of Expe	enditura	\$	
					·		
City	State	Zip Code (Ptus 4)					
To Whom Paid	1	<u> </u>	MO.	DAY	YEAR	Amount	
						\$	
Mailing Address			Description	on of Expe	enditure		
City	State	Zip Code (Plus 4)	<del>                                     </del>				<del></del> -
	<u> </u>	_					
To Whom Paid			MO.	DAY	YEAR	Amount	
Mailing Address			Description	on of Expe	enditure	\$	
7							
City	State	Zip Code (Plus 4)					
To Whom Paid	<u> </u>	<i>-</i>	MO.	DAY	YE 4R	Amount	
Mailing Address			Description	on of Exp	enditura	\$	
City	State	Zip Code (Plus 4)	Ţ	- <u>-</u>	_		_
						PAGE TOTAL	
Enter Grand Total of Expenditures on Page	ge 1,	Report Cover P	'age, Ite	m D.		\$ 6,822.	16

# STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Friends of his	lie Richards		From (0, 2.	3.12 To 12.31.12
Name of Creditor				Outstanding Balance of Deb
Mailing Address	DATE	MO.	DAY YE	\$
City	DEBT INCURRED	State	Zip Code (Plus	4)
Description of Debt			_	
Description of Dapt				
Name of Creditor				Outstanding Balance of Deb
Mailing Address	DATE DEBT	MO.	DAY YEA	
City	INCURRED	State	Zip Code (Plus	4)
Description of Debt				
Name of Creditor				Outstanding Balance of Deb
	In. ve	r	17276 1	\$
Mailing Address	DATE DEBT INCURRED	MO.	DAY YE	AH
City		State	Zip Code (Plus	4)
Description of Debt		<u> </u>		1
Name of Creditor				Outstanding Balance of Deb
Meiling Address	DATE DEBT	MQ.	DAY YE	
City	INCURRED	State	Zip Code (Plus	4)
Description of Debt			_	
Name of Creditor				Outstanding Balance of Deb
Mailing Address	DATE	MO.	DAY YE	
City	INCURRED	State	Zip Code (Plus	4)
Description of Debt				
Name of Creditor				Outstanding Balance of Deb
	······································			\$
Mailing Address	DATE DEST INCURRED	MO.	DAY YE	
City		State	Zip Code (Plus	4)
Description of Debt				
				PAGE TOTAL
Enter Grand Total of Unpaid Debts	on Page 1, Report Cover	Page, I	tem G.	\$ -0-