,			mmonwealth				DACE	1 05	17	
·					ce R epoi		PAGE	-	ICOVER PA	AGE)
	(NOTE: This repo	ort must be clear	and legible.	It may b	e typed or prin	ted in	blue or black i	nk.)		
Filer Identificatio Number:	on 🕨		Report		CANDIDATE	Į.,	I	2.		3.
	mittee, Candidate or	Lobbyjst:	Filed E	Y	CANDIDATE	IX.	COMMITTEE		LOBBYIST	
Street Address:	ds of	Leslie	-KIC	hai	ds					
210	6 Ba	sswood	Dr	i.						
City: j	<u> </u>	1			State A		Zip Code:			
Latuy		[]			State PA			446	/	
TYPE OF ' REPORT	OTH TUESDAY PRE-PRIMARY	1. 2ND FF PRE-PR		X =	0 DAY. OST PRIMARY	З.	AMENOMENT REPORT?	YES	NO	
lpiace X to the right of	OTH TUESDAY	PRE-EL	ECTION	·	D DAY OST ELECTION	6.	TERMINATION REPORT?	YES	- NO	
report type)	ANNUAL	7. YEAR		FIL	ING METHOD) CHECK ONE		PAPER		DISKETTE	
Name of Office Soug	0	_			DATE OF ELECT		District Offic Number Code			unty
County	Commiss	SIDAR		-			NI OTH		i M L	ode
/					3 1 / 20	Π			IONS FOR CI	ODES
Summary of R	occinto N	MO. DAY	YEAR	L.	ID. DAY YE	48	FOR OF	FICE US	SE ONLY	
and Expenditur	es from:	05 03 1	LOIL	то 7	6 06 20					
A. Amount Brough	t Forward From L	ast Report		s a			$\leq \leq$	2011	π	
B. Total Monetary				s s		<u>ک</u>	9월0	5	Ē	
C. Total Funds Ava				5	<u>1,000.0</u>		E H C	91 NUL	\bigcirc	
D. Total Expenditu	res (From Schedul	e III)		<u> </u>	5, 479. 2	L <u>a</u>	o Her Strange	σ	ECEIVE	
E. Ending Cash Bal	ance (Subtract Lin	e D from Line C)		25	479.2	22	<u>989</u>	\triangleright	\sim	
F. Value of In-Kin	d Contributions Re	aceived (From Sch	reduie II) s	;	- 0 -		>资	çç T	\overline{O}	
G. Unpaid Debts an	d Obligations (Fro.	m Schedule IV)	\$;	-0 -			0		
			AFFIDAVI	SECTI	٥.	Å.				
PART I - If this is	a Committee re	port, treasurer sig	n here. If i	this is a	Candidate repo	rt, can	didate sign here	1		5
I swear (or affirm) th correct and complete.	at this report, includ	ing the attached sch	edules, on par	er er con	nputer diskette, arr	e to the	e best of my know	viedge a	nd belief tru	
Sworn to and subscr	ibed before me this				Λ		Λ	•		
UT4 Day of	NONWEALTH OF PEN		₂₀ _// 7		Ah	en	Kul	1		
Mr. Ann	largaret Hagan, Notar Science (Twp) Monapole	y Public kery 200 nty			Signati	ure of F	Person Submitting	Report		-
My	Commission Excitors Date	17, 2014	1	} ──	Sheri	Pr	MIS/e	······		
My commission expl	res <u>/0.</u> MO.	11 19	1		215		275	03	20	
		DAY YR.		/	Arsa Code		Daytime Te	iephone	Number	
PART II - If this is	s a report of a C	andidate's Author	ized Commi	ttee, ca	ndidate shall sigr	here.		. 2143		
I swear (or affirm) the (P.L. 1333, No. 320) as	at to the best of my	knowledge and beli	of this politic	al commit	tee has not violat	ed any	provisions of the	Act of	June 3, 1937	adoženi 7
Sworn to and succes	MONWEALTH OF P		. 1		* 0	~	\rightarrow	_		
_ OFA day of	Margaret Hagan, Nel		20 1/		Ales rie		lore	G		
Mart	hitemaph Twp., Montp V25ministion Explosed	omery County	Į		115/1	Signatur	D'	~./~		-
MENDE	R, PENNSYLVARIA ABSOEL		<u></u> [<u> </u>	Pri	nted Name	145	1	-
My commission expi	MO.	DAY YR.	<u>14</u>]		6/0 Area Code	~	457	1	744	[
							Daytime Te	rephone	NUMBER	Ī

Department of State
Bureau of Commissions, Elections and Legislation
210 North Office Building
Harrisburg, PA 17120-0029
(717) 787-5280

SCHEDULE I

PAGE 2 OF

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing	Committee d	or Candidate				
				2	Reporting Period	
T T	1.			0 1 1		
Frien	$1 \leq n$	1 L	15111	KICHACAS	From 5 / 3 / 1 / To	
	<u>u - u</u>	-		nicharas		
					· · · · ·	

1. UNITEMIZED CONTRI	BUTIONS AND RECEIP	PTS -	\$50.00 OR	LESS PER	CONT	RIBUTOR		
	TOTAL f	ⁱ or the	e Reporting	Period	(1)	\$	-0	-

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)			1 1	
Contributions Received from Political Committees (Part A)	1	5		
All Other Contributions (Part B)	8	5		
TOTAL for the Reporting Period	2) \$	\$	-0	

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	s a sensige d s s s a s	
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$ 1,000.00
TOTAL for the Reporting Period	(3)	\$ 1,000.00

4. OTHER RECEIPTS - REFUNDS,	INTEREST EA	ARNED, RETURNED	CHECKS, ETC	, (FRON	I PART E	
	TOTAL for	r the Reporting Per	iod (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	\$ 1,000.00
Cover Page, Item B.)	

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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	/	\sim , ,	R	eporting		
Friends of Lesli	<u>e</u> 1	Richards		From _	05-0	<u>3-1to</u>
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	<u>M0.</u>	DAY	YEAR	\$
Full Name of Contributing Committee			MQ.	DAY	YEAR	
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	
Full Name of Contributing Committee	<u> </u>		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 Mailing Address			MO	DAY	YEAR	\$
		at announces a succession of the bigging to obtain a succession and	<u>MO.</u>	DAY	YEAR	\$
City	State	Zip Code (Plus 4) 	<u>MO.</u>	DAY	YEAR	\$
Full Name of Contributing Committee			MQ.	DAY	YEAR	\$
Mailing Address			<u>MO.</u>	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
Full Name of Contributing Committee			<u>MO. :</u>	DAY	YEAR	\$
Mailing Address			<u>MO.</u>	DAY	YEAR	\$
City	State	Zip Code (Pius 4) 	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO	DAY	YEAA	\$
Malling Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Enter Grand Total of Part A on Sche	dule I	, Detailed Summar	y Page,	Section	n 2.	PAGE TOTAL \$ -0 -

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ALL OTHER CONTRIBUTIONS

4

PAGE

OF

\$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		~	Ī	Reporting	Period	
Friends of	Lesli	e Richard	ls	From <u>5</u>		<u>/ 1</u> To
				DATE		AMOUNT
Full Name of Contributor			M0.	DAY	YEAR .	\$
Mailing Address			мо.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
-					TEAN	\$
City	State	Zip Code (Plus 4) 	мо.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
Сіту	State	Zip Code (Plus 4)	<u>. MO,</u>	DAY	YEAR	¢
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			<u>M0.</u>	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	M0.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
Спу	State	Zip Code (Plus 4)				\$
			MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEÄR	\$
Màiling Address		······	MD.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DÂY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	*/
		· · · · · · · · · · · · · · · · · · ·				\$
			_	_		PAGE TOTAL
Enter Grand Total of Part B on Sch	edule I,	Detailed Summary	Page,	Section	1 2.	\$ -0 -

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PAGE	5	OF	
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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	,	0 /	, R	eporting	Period	
Name of Filing Committee or Candidate Friends of Li	5/10	Kichar.	ds	From _	5 - 3 -	1/ то
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Meiling Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
						•
Full Name of Contributing Committee			MO.	DAV	YEAR	\$
Mailing Address			MO.	DAY	YEAR	•
						\$
City	State	Z⊧p 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	
		-			1500	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	¢
Mailing Address						\$
			<u>MO.</u>	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	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 Slave of Consciouting Committee			MO.	DAY	YEAR	
Full Name of Contributing Committee			<u> </u>	DAT	TEAN	\$
Mailing Address		<u></u>	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	*
					- CLON	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	•
Mailing Address						\$
Mannig Auguesa			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	•
		<u></u>				\$ /
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			<u> </u>	1	1	PAGE TOTAL
	. . <i>.</i>	.	_	. .	-	
Enter Grand Total of Part C on Sche	dule I,	Detailed Summary	y Page,	Section	n 3.	s _ 0 -

ALL OTHER CONTRIBUTIONS

PAGE	6	OF	

OVER \$250.00		
Use this Part to itemize all other contributions	with an aggregate v	alue of
over \$250.00 in the reporting (Exclude contributions from political commit	i period. tees reported in Pa	rt C.)
Name of Filing Committee or Candidate	Reporting Period	
Friends of Lislie Richards	From <u>5-3-</u>	И
	DATE	AMOUNT
Full Name of Contributor, Michael and Pamela Clarke	MO. DAY YEAR	\$ 1,000.00
506 Lantern Lane	MO. DAY YEAR	\$
City Phila PA 19128-	MO. DAY YEAR	\$
Employer Name Rudolph Clarke & Kirk	Occupation A410	rne y
Employer Mailing Address/Principal Alace of Businass 8 NRSHAMINY INERPLEX SU	te 215	Trevosc PA
Full Name of Contributor	MO. DAY YEAR	- \$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	- s
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor	MO. DAY VEAR	
		\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Pius 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	1 2
Employer Mailing Address/Principal Place of Business		
		DACE TOTAL

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

PAGE TOTAL \$ 1,000.00

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OTHER RECEIPTS

page _____OF____

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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	Filing Committee or Candidate				Reporting Period			
Friends of Lis	of Lislie Richards			From 05-03-1/To				
Fult 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)		1				
			MO.	DAY	YEAR	Amount \$		
Receipt Description								
Full Name								
ITUI 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	VEAD	Amount		
		-	WD.		YEAR	\$		
Receipt Description	1. <u>1.</u>							
Full Name								
Mailing Address								
					_			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount		
Receipt Description	L					\$		
Full Name								
Mailing Address								
wanng Address								
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount		
						\$		
Receipt Description								
						PAGE TOTAL		
Enter Grand Total of Date France D			-	A				
Enter Grand Total of Part E on Sched	iule (, C	retailed Summary	Page,	Section	4.	\$ - 0 -		

DSEB-502 (7-99)

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SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THING USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF DURING THE REPORTING PERIOD. Detailed Summary Page	
Name of Filing Committee or Candidate Friends of Leslie Richards From 5	eriod -3-11 To
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR TOTAL for the Reporting Period (1	\$ -0
2 IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FRO TOTAL for the Reporting Period (2)	
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART (TOTAL for the Reporting Period (3)	
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 -

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SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

PAGE ______OF _____

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	,		R	eporting		
Friends of Les	slie	Richards	s	From	<u>5-3-</u>	11 то
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address				84.2	VEAD	*
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		***	<u> </u>]		
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	
					1	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	· ·
,			- 1910-	UAT	TEAN -	\$
Description of Contribution:			.I	I	1	L
Full Name of Contributor			MO,	DAY	YEAR	\$
Mailing Address			MO,	DAY	YEAR	
						\$
City	State	Zip Code (Ptus 4)	MO.	DAY	YEAR	\$
Description of Contribution:			[*/
Full Name of Contributor			MO.	DAY	YEAR	^
						\$
Mailing Address			<u>MO.</u>	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MÓ,	DAY	YEAR	
				201		\$
Description of Contribution:	.i		1	·	Ł	
Full Name of Contributor						
			MÓ.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
	*					\$
City	State	Zip Code (Plus 4)	<u>M0.</u>	DAY	YEAR	\$
Description of Contribution:	1	·····	L	L	<u> </u>	7
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address					VEID	*
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
						\$
Description of Contribution:						(
						PAGE TOTAL
Enter Grand Total of Part F on Sched	lule II,	In-Kind Contributi	ons De	tailed		\$ -0 -
Summary Page, Section 2.						* U

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PAGE	10	OF	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate		~	R	eporting	Period		
Friends of Lesli	From 5-3-11 To						
FILMAS OF REST	Ľ	1(101-1013					
				DATE		AMOUNT	
Full Name of Contributor			<u>M0.</u>	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR		
						\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
						\$	
Employer of Contributor		L	Occupati	ວກ			
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution		
Full Name of Contributor			MO.	DAY	YEAR	\$	
						⊅ ∕	
Mailing Address			<u>MO.</u>	DAY	YEAR	s	
City	State	Zip Code (Plus 4)	140	84.9	VENE	· · · · · · · · · · · · · · · · · · ·	
City	31818		MO.	DAY	YEAR	\$	
Employer of Contributor	1		Occupati	on			
• • • • • • • • • • • • • • • • • • • •							
Employer Mailing Address/Principal Place of Business			Descripti	on of Can	tribution		
Full Name of Contributor			MO.	DAY	YEAR		
				=		\$	
Mailing Address			MO.	DAY	YEAR		
						\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•	
		-				\$	
Employer of Contributor			Occupati	on			
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	ribution		
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address						*	
maning Address			MO,	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	· · · · · · · · · · · · · · · · · · ·	
		y		X Ω2:::-		\$	
Employer of Contributor	I		Occupatio	0 ń	I		
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	ribution		
Full Name of Contributor			MO.	DAY	YEAR		
						\$	
Mailing Address			MO.	DAY	YEAR	•	
<u></u>					1	\$	
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$	
Employer of Contributor	L		Occupatio	10			
			Geoupetic			-	
Employer Mailing Address/Principal Place of Business				Description of Contribution			
						PAGE TOTAL	
Enter Grand Total of Part G on Sched	dule li	, In-Kind Contribut	tions De	tailed			
Summary Page, Section 3.						\$ -0 -	

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PAGE / (______OF_____

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate		\sim ·	, Ri	eporting	Period	
Name of Filing Committee or Candidate Friends of Lls	slie	Richari	ds	From 5	-3-1	То
<u> </u>						
o Whom Paid			MO.	DAY	YEAR	Amount _ 2 -
			Consciou	an of Expe		<u>s -0 -</u>
Aailing Address			Description	יעאם in or יעאם.	1001190w	
Sity	State	Zip Code (Plus 4)	†			
				-		
o Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address		,	Descriptio	on of Expe	enditure	\$
				··· ·· ·		
City	State	Zip Code (Plus 4)	1			
			1			·····
To Whom Paid			MO.	DAY	YEAR	Amount s
Neiling Address			Descriptio	on of Expe	enditure	
City	State	Zip Gode (Plus 4)	T			<u> </u>
To Whom Paid					T	Amount
lo whom Pare			<u>MO</u> ,	DAY	YEAR	s -6 -
Mailing Address			Descriptio	on of Expe	enditure	L.*
	1 01-10		_			
City	State	Zip Code (Plus 4)				
To Whom Paid		<u></u>	MO.	DAY	YEAR	Amount
					C. P. Tree	s - 0 -
Mailing Address	·····		Descriptio	on of Exp	anditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount 0 -
						s - 0 -
Mailing Address			Descriptio	on of Expe	anditure	
City	State	Zip Code (Plus 4)	+	<u> </u>		
		-				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address	and a state of the			on of Exp		\$
Matting Acoress			Descriptio	30 OI EAP	1001101 a	
City	Siste	Zip Code (Plus 4)	1			
1		<u> </u>				
To Whom Paid			MO.	DÁY	YE SR	
Mailing Address			Descriptio	on of Exp	enditura	<u>s</u> = 0 -
City	State	Zip Code (Plus 4)	1			,,,,,,, .
	_					PAGE TOTAL
Enter Grand Total of Expenditures on I	Page 1, I	Report Cover P	age, Ite	m D.		s -0 -

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Name of Filing Committee or	Candidate				orting Reporting	Poriod	
Friends	of	Leslie	Richa	rds	From	5-3-	-//то
lame of Creditor							Outstanding Balance of Deb
Mailing Address			DATE	MO.	DAY	YEAR	\$ - 0
ity			INCURRED	State	Zip Cod	e (Plus 4)	
escription of Debt							
ame of Creditor							Outstanding Balance of Deb
lailing Address			DATE	MO.	YAG	YEAR	S - 0
ity			DEBT INCURRED	State		e (Plus 4)	
Pescription of Debt							
escription of Debi							
ame of Creditor							Outstanding Balance of Deb
ailing Address			DATE DEBT	MO.	DAY	YEAR	
ity			INCURRED	State	Zip Cod	e (Plus 4)	
escription of Deot							
ame of Creditor							Outstanding Balance of Deb
lailing Address			DATE	MÖ.	DAY	YEAR	<u>s</u> -0 -
ity			DEBT INCURRED	State	Zip Cod	e (Pius 4)	
escription of Debt						_	
ame of Creditor							Outstanding Balance of Deb
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SCHEDULE IV

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