**COMMONWEALTH OF PENNSYLVANIA**  
**CAMPAIGN FINANCE STATEMENT**

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed $250.00 during the reporting period.

<table>
<thead>
<tr>
<th>FILER IDENTIFICATION NUMBER</th>
<th>REPORT FILED ON BEHALF OF</th>
<th>CANDIDATE</th>
<th>COMMITTEE</th>
<th>LOBBYIST</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST</td>
<td>Leslie Richards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STREET ADDRESS</td>
<td>2106 Basswood Drive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>Lafayette Hill</td>
<td>STATE</td>
<td>PA</td>
<td>ZIP CODE</td>
</tr>
</tbody>
</table>

**TYPE OF REPORT (CHECK ONE)**

1. **6TH TUESDAY PRE-PRIMARY**
2. **2ND FRIDAY PRE-PRIMARY**
3. **30 DAY POST-PRIMARY**
4. **6TH TUESDAY PRE-ELECTION**
5. **2ND FRIDAY PRE-ELECTION**
6. **30 DAY POST-ELECTION**
7. **ANNUAL REPORT**

**DATE OF ELECTION**

MO. DAY YEAR

**DATES OF REPORTING PERIOD**

MO. DAY YEAR

11 29 11 TO 12 31 11

**CASH BALANCE AT END OF REPORTING PERIOD:**

$ 0

**TOTAL AMOUNT OF FILER’S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:**

$ 0

**AMENDMENT REPORT?**

YES NO

**TERMINATION REPORT?**

YES NO

**AFFIDAVIT SECTION**

I swear (or affirm) that the aggregate receipts or disbursements or liabilities incurred during the reporting period indicated above did not exceed two hundred and fifty dollars ($250.00) and this report is, to the best of my knowledge and belief, true, correct, and complete.

**SWORN TO AND SUBSCRIBED BEFORE ME THIS**

30 DAY OF January 2012

[Signature]

MY COMMISSION EXPIRES

5 2 2013

[Area Code] 886-7376

**PART II**

If statement is filed on behalf of a Candidate’s Authorized Committee, Candidate must 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 THIS**

_____ DAY OF ______ 20__

[Signature]

MY COMMISSION EXPIRES

[Area Code] 886-7376

**Printed Name**

Leslie S. Richards

**Signature of Person Submitting Report**

Leslie S. Richards