

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 <sup>1.</sup> <input type="checkbox"/>	COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>	LOBBYIST <sup>3.</sup> <input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist: <b>Friends of Leslie Richards</b>						
Street Address: <b>2106 Basswood Dr.</b>						
City: <b>Lafayette Hill</b>			State: <b>PA</b>		Zip Code: <b>19444</b>	
TYPE OF REPORT  (place X to the right of report type)	1ST TUESDAY PRE-PRIMARY <sup>1.</sup>	2ND FRIDAY PRE-PRIMARY <sup>2.</sup>	30 DAY POST PRIMARY <sup>3.</sup>	AMENDMENT REPORT?	YES	NO
	6TH TUESDAY PRE-ELECTION <sup>4.</sup>	2ND FRIDAY PRE-ELECTION <sup>5.</sup>	30 DAY POST ELECTION <sup>6.</sup>	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT <sup>7.</sup>	YEAR		FILING METHOD ( ) CHECK ONE <input type="checkbox"/>	PAPER	DISKETTE
Name of Office Sought by Candidate: <b>County Commissioner</b>				DATE OF ELECTION MO. DAY YEAR <b>11 06 2012</b>		District Number <b>N/A</b>
				Office Code <b>0TH</b>	Party Code <b>DEM</b>	County Code <b>46</b>
				(SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from: <input type="checkbox"/>			MO. DAY YEAR <b>01 01 2012</b>	To	MO. DAY YEAR <b>05 14 2012</b>	FOR OFFICE USE ONLY
A. Amount Brought Forward From Last Report			\$ <b>2,585.25</b>			2012 MAY 24 P. 11:59 RECEIVED
B. Total Monetary Contributions and Receipts (From Schedule I)			\$ <b>29,975.00</b>			
C. Total Funds Available (Sum of Lines A and B)			\$ <b>32,560.25</b>			
D. Total Expenditures (From Schedule III)			\$ <b>10,500.00</b>			
E. Ending Cash Balance (Subtract Line D from Line C)			\$ <b>22,060.25</b>			
F. Value of In-Kind Contributions Received (From Schedule II)			\$ <b>- 0 -</b>			
G. Unpaid Debts and Obligations (From Schedule IV)			\$ <b>- 0 -</b>			

**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, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

24 day of May 20 12  
 COMMONWEALTH OF PENNSYLVANIA  
 Notarial Seal  
 Dianna Dillio, Notary Public  
 Norristown Boro, Montgomery County  
 My Commission Expires March 16, 2016  
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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

**PART II - If this is a report of a Candidate's 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 this

24 day of May 20 12  
 COMMONWEALTH OF PENNSYLVANIA  
 Notarial Seal  
 Dianna Dillio, Notary Public  
 Norristown Boro, Montgomery County  
 My Commission Expires March 16, 2016  
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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

**CONTRIBUTIONS AND RECEIPTS**

## Detailed Summary Page

Name of Filing Committee or Candidate <b>Friends of Leslie Richards</b>	Reporting Period From <b>01-01-12</b> To <b>5-14-12</b>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ <b>25.00</b>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ <b>- 0 -</b>
All Other Contributions (Part B)	\$ <b>650.00</b>
TOTAL for the Reporting Period (2)	\$ <b>650.00</b>

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

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
TOTAL for the Reporting Period (4)	\$ <b>- 0 -</b>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ <b>29,975</b>
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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 <b>Friends of Leslie Richards</b>	Reporting Period From <b>01-01-12</b> To <b>5-14-12</b>
--	--

	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

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

PAGE TOTAL \$ <u>0 -</u>
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**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 <b>Friends of Leslie Richards</b>	Reporting Period From <b>01-01-12</b> To <b>5-14-12</b>
--	--

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Howard Zigin</b>	5	3	12	\$ 250.00
Mailing Address <b>708 Presidential Drive</b>	MO.	DAY	YEAR	\$
City <b>Horsham</b> State <b>PA</b> Zip Code (Plus 4) <b>19044</b>	MO.	DAY	YEAR	\$
<b>Joseph Sternberg</b>	05	03	12	\$ 100.00
Mailing Address <b>150 Belle Circle</b>	MO.	DAY	YEAR	\$
City <b>Blue Bell</b> State <b>PA</b> Zip Code (Plus 4) <b>19422</b>	MO.	DAY	YEAR	\$
<b>Joanne Dunbar</b>	05	10	12	\$ 100.00
Mailing Address <b>2912 Qyston Rd</b>	MO.	DAY	YEAR	\$
City <b>Norristown</b> State <b>PA</b> Zip Code (Plus 4) <b>19403</b>	MO.	DAY	YEAR	\$
<b>Jeannette Martin</b>	05	16	12	\$ 100.00
Mailing Address <b>3 Carol Place</b>	MO.	DAY	YEAR	\$
City <b>Meadowbrook</b> State <b>PA</b> Zip Code (Plus 4) <b>19046</b>	MO.	DAY	YEAR	\$
<b>Anna Boni</b>	05	01	12	\$ 100.00
Mailing Address <b>1084 Victor Lane</b>	MO.	DAY	YEAR	\$
City <b>Bryn Mawr</b> State <b>PA</b> Zip Code (Plus 4) <b>19010-</b>	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$

PAGE TOTAL  
**\$ 650.00**

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

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 <b>Friends of Leslie Richards</b>	Reporting Period From <b>01-01-12</b> To <b>5-14-12</b>
--	--

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Friends of Bob Hart</b>	<b>03</b>	<b>16</b>	<b>12</b>	<b>\$ 500.00</b>
Mailing Address <b>665 N. Broad St</b>	MO.	DAY	YEAR	\$
City <b>Phila</b> State <b>PA</b> Zip Code (Plus 4) <b>19123</b>	MO.	DAY	YEAR	\$
<b>Laborers District Council PAC</b>	<b>4</b>	<b>26</b>	<b>12</b>	<b>\$ 5,000.00</b>
Mailing Address <b>665 N. Broad St.</b>	MO.	DAY	YEAR	\$
City <b>Philadelphia</b> State <b>PA</b> Zip Code (Plus 4) <b>19123</b>	MO.	DAY	YEAR	\$
<b>Pennsylvania Liberty Fund</b>	<b>04</b>	<b>09</b>	<b>12</b>	<b>\$ 2500.00</b>
Mailing Address <b>101 Greenwood Ave 5th fl</b>	MO.	DAY	YEAR	\$
City <b>Jenkintown</b> State <b>PA</b> Zip Code (Plus 4) <b>19048</b>	MO.	DAY	YEAR	\$
<b>Transport Workers Union</b>	<b>05</b>	<b>11</b>	<b>12</b>	<b>\$ 1000.00</b>
Mailing Address <b>Local 234</b>	MO.	DAY	YEAR	\$
City <b>500 N. 2nd St</b> State <b>Phila PA</b> Zip Code (Plus 4) <b>19123</b>	MO.	DAY	YEAR	\$
<b>American of Italian Heritage Council</b>	<b>05</b>	<b>08</b>	<b>12</b>	<b>\$ 1000.00</b>
Mailing Address <b>2650 Audobon Rd</b>	MO.	DAY	YEAR	\$
City <b>Audobon</b> State <b>PA</b> Zip Code (Plus 4) <b>19403</b>	MO.	DAY	YEAR	\$
<b>IBEW Local 380</b>	<b>02</b>	<b>21</b>	<b>12</b>	<b>\$ 5,000.00</b>
Mailing Address <b>Seventh Street NW</b>	MO.	DAY	YEAR	\$
City <b>Washington</b> State <b>DC</b> Zip Code (Plus 4) <b>2000-1</b>	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	\$

PAGE TOTAL  
**\$ 15,000.00**

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

**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 <b>Friends of Leslie Richards</b>	Reporting Period From <b>01-01-12</b> To <b>5-14-12</b>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Richard Umbrecht</b>	04	27	12	\$ 1000.00
Mailing Address <b>404 Dewereux Dr.</b>	MO.	DAY	YEAR	\$
City <b>Villanova</b> State <b>PA</b> Zip Code (Plus 4) <b>19085</b>	MO.	DAY	YEAR	\$
Employer Name				Occupation
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Erene Stern</b>	05	16	12	\$ 500.00
Mailing Address <b>5402 Lilac Ct</b>	MO.	DAY	YEAR	\$
City <b>Upper Gwynedd</b> State <b>PA</b> Zip Code (Plus 4) <b>19446</b>	MO.	DAY	YEAR	\$
Employer Name				Occupation
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Betsy and Richard Sheer</b>	05	04	12	\$ 500.00
Mailing Address <b>225 S. 4th Street</b>	MO.	DAY	YEAR	\$
City <b>Phila</b> State <b>PA</b> Zip Code (Plus 4) <b>19106</b>	MO.	DAY	YEAR	\$
Employer Name				Occupation
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Kenneth Roos</b>	05	02	12	\$ 500.00
Mailing Address <b>460 Norristown Rd</b>	MO.	DAY	YEAR	\$
City <b>Blue Bell</b> State <b>PA</b> Zip Code (Plus 4) <b>19422</b>	MO.	DAY	YEAR	\$
Employer Name <b>Wisler Pearlstine LLP</b>				Occupation
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Matthew Jackson</b>	05	08	12	\$ 300.00
Mailing Address <b>2500 E. High Street</b>	MO.	DAY	YEAR	\$
City <b>Pottstown</b> State <b>PA</b> Zip Code (Plus 4) <b>19464</b>	MO.	DAY	YEAR	\$
Employer Name <b>Traffic Planning &amp; Design</b>				Occupation
Employer Mailing Address/Principal Place of Business				

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

PAGE TOTAL <b>\$ 2800.00</b>
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## 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 <b>Friends of Hestie Richards</b>	Reporting Period From <b>01-01-12</b> To <b>5-14-12</b>
--	--

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Carol Baker</b>	<b>02</b>	<b>12</b>	<b>12</b>	<b>\$ 5,000.00</b>
Mailing Address <b>306 Brentford Road</b>	MO.	DAY	YEAR	\$
City <b>Haverford</b>	MO.	DAY	YEAR	\$
State <b>PA</b>	Zip Code (Plus 4) <b>19041 -</b>			
Employer Name <b>Self-employed</b>	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>MB Investments</b>	<b>05</b>	<b>08</b>	<b>2012</b>	<b>\$ 5,000.00</b>
Mailing Address <b>2650 Audobon Rd</b>	MO.	DAY	YEAR	\$
City <b>Audobon</b>	MO.	DAY	YEAR	\$
State <b>PA</b>	Zip Code (Plus 4) <b>19403</b>			
Employer Name <b>J.P. Mascaro &amp; Sons</b>	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Marc Jonas</b>	<b>05</b>	<b>09</b>	<b>2012</b>	<b>\$ 1000.00</b>
Mailing Address <b>1465 Granary Road</b>	MO.	DAY	YEAR	\$
City <b>Blue Bell</b>	MO.	DAY	YEAR	\$
State <b>PA</b>	Zip Code (Plus 4) <b>19422 -</b>			
Employer Name <b>Eastburn &amp; Gray, P.C.</b>	Occupation <b>Lawyer</b>			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Sara Erlbaum</b>	<b>05</b>	<b>01</b>	<b>2012</b>	<b>\$ 500.00</b>
Mailing Address <b>2113 Magnolia Lane</b>	MO.	DAY	YEAR	\$
City <b>Lafayette Hill</b>	MO.	DAY	YEAR	\$
State <b>PA</b>	Zip Code (Plus 4) <b>19444 -</b>			
Employer Name <b>Self-employed</b>	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	Zip Code (Plus 4)			
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

\$ 11,500

**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 <b>Friends of Leslie Richards</b>	Reporting Period From <b>01-01-12</b> To <b>5-14-12</b>
--	--

Full Name							Amount
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
\$ - 0 -

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>01-01-12</i> To <i>5-14-12</i>
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ <i>- 0 -</i>

<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>	
TOTAL for the Reporting Period (2)	\$ <i>- 0 -</i>

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>	
TOTAL for the Reporting Period (3)	\$ <i>- 0 -</i>

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$ <i>- 0 -</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 <b>Friends of Leslie Richards</b>	Reporting Period From <b>01-01-12</b> To <b>5-14-12</b>
--	--

				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR	\$			
Mailing Address	MO.	DAY	YEAR	\$	/		
City	MO.	DAY	YEAR	\$			
State	Zip Code (Plus 4)			\$			
Description of Contribution:							
Full Name of Contributor	MO.	DAY	YEAR	\$	/		
Mailing Address	MO.	DAY	YEAR	\$			
City	MO.	DAY	YEAR	\$			
State	Zip Code (Plus 4)			\$			
Description of Contribution:							
Full Name of Contributor	MO.	DAY	YEAR	\$	/		
Mailing Address	MO.	DAY	YEAR	\$			
City	MO.	DAY	YEAR	\$			
State	Zip Code (Plus 4)			\$			
Description of Contribution:							
Full Name of Contributor	MO.	DAY	YEAR	\$	/		
Mailing Address	MO.	DAY	YEAR	\$			
City	MO.	DAY	YEAR	\$			
State	Zip Code (Plus 4)			\$			
Description of Contribution:							
Full Name of Contributor	MO.	DAY	YEAR	\$	/		
Mailing Address	MO.	DAY	YEAR	\$			
City	MO.	DAY	YEAR	\$			
State	Zip Code (Plus 4)			\$			
Description of Contribution:							
Full Name of Contributor	MO.	DAY	YEAR	\$	/		
Mailing Address	MO.	DAY	YEAR	\$			
City	MO.	DAY	YEAR	\$			
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  
\$ 0

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

Name of Filing Committee or Candidate <b>Friends of Leslie Richards</b>	Reporting Period From <b>01-01-12</b> To <b>5-14-12</b>
--	--

				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
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 Contributions Detailed Summary Page, Section 3.

<b>PAGE TOTAL</b> \$ <u>0</u>
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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 <span style="font-size: 1.2em; font-family: cursive;">Friends of Leslie Richards</span>	Reporting Period From <u>01-01-12</u> To <u>5-14-12</u>
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Name of Creditor					Outstanding Balance of Debt
Mailing Address					\$
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address					\$
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address					\$
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address					\$
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address					\$
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
Mailing Address					\$
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt					

PAGE TOTAL  
 \$ 0-

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.