

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.

FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>														
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Leslie Richards																					
STREET ADDRESS 2100 Basswood Drive																					
CITY Lafayette Hill				STATE PA	ZIP CODE 19444																
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE County Commissioner			DISTRICT NO.	PARTY DEM		DATE OF ELECTION														
	6TH TUESDAY PRE-PRIMARY							MO. DAY YEAR													
	2ND FRIDAY PRE-PRIMARY							11 8 11													
	30 DAY POST-PRIMARY																				
	6TH TUESDAY PRE-ELECTION																				
	2ND FRIDAY PRE-ELECTION																				
	30 DAY POST-ELECTION																				
ANNUAL REPORT																					
DATES OF REPORTING PERIOD			<table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>6</td><td>7</td><td>11</td></tr> </table> TO <table border="1"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>10</td><td>27</td><td>11</td></tr> </table>		MO.	DAY	YEAR	6	7	11	MO.	DAY	YEAR	10	27	11	FOR OFFICE USE ONLY				
MO.	DAY	YEAR																			
6	7	11																			
MO.	DAY	YEAR																			
10	27	11																			
CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>			RECEIVED 2011 OCT 28 P 3:33 V																		
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>																					
AMENDMENT REPORT?		YES		NO	<input checked="" type="checkbox"/>																
TERMINATION REPORT?		YES		NO	<input checked="" type="checkbox"/>																

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

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
26 DAY OF October 2011

Robin A Beall
 SIGNATURE

Leslie Richards
 SIGNATURE OF PERSON SUBMITTING REPORT

Leslie Richards
 PRINTED NAME

MY COMMISSION EXPIRES 12 MO. 9 DAY 12 YR.

215 AREA CODE 886-7376 DAYTIME TELEPHONE NUMBER

NOTARIAL SEAL
 ROBIN A BEALL
 Notary Public
 ABINGTON TWP. MON GOMERY COUNTY
 My Commission Expires

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

 SIGNATURE OF CANDIDATE

 PRINTED NAME

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

 AREA CODE _____ DAYTIME TELEPHONE NUMBER