

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 REPORTING PERIOD		DATE OF ELECTION		
6TH TUESDAY PRE-PRIMARY	1.	MO. DAY YEAR 10 25 11	TO	MO. DAY YEAR 11 28 11	MO. DAY YEAR 11 8 11
2ND FRIDAY PRE-PRIMARY	2.				
30 DAY POST-PRIMARY	3.				
6TH TUESDAY PRE-ELECTION	4.				
2ND FRIDAY PRE-ELECTION	5.				
30 DAY POST-ELECTION	6. <input checked="" type="checkbox"/>				
ANNUAL REPORT	7.				

  

CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>Ø</u>	
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>Ø</u>	

  

AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>
TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>

  

FOR OFFICE USE ONLY

RECEIVED  
2011 DEC - 8 A 9:05  
MONTGOMERY COUNTY

**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  
5<sup>th</sup> DAY OF December 2011

Leslie Richards  
 SIGNATURE OF PERSON SUBMITTING REPORT  
Leslie Richards  
 PRINTED NAME

215 AREA CODE      886-7376 DAYTIME TELEPHONE NUMBER

MY COMMISSION EXPIRES 12 MO. 19 DAY 12 YR.  
Robin A Beall  
 SIGNATURE  
 ROBIN A BEALL  
 Notary Public  
 ARLINGTON TWP., MONTGOMERY COUNTY  
 My Commission Expires On 12/31/2012

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 \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

\_\_\_\_\_  
 SIGNATURE OF CANDIDATE

\_\_\_\_\_  
 PRINTED NAME

\_\_\_\_\_  
 AREA CODE      \_\_\_\_\_  
 DAYTIME TELEPHONE NUMBER