

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 checked="" type="checkbox"/>		COMMITTEE <sup>2.</sup> <input type="checkbox"/>		LOBBYIST <sup>3.</sup> <input type="checkbox"/>			
Name of Filing Committee, Candidate or Lobbyist: <u>Friends of Leslie Richards</u>											
Street Address: <u>2106 Basswood Drive</u>											
City: <u>Lafayette Hill</u>				State: <u>PA</u>		Zip Code: <u>19444</u>					
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY <sup>1.</sup>		2ND FRIDAY PRE-PRIMARY <sup>2.</sup> <input checked="" type="checkbox"/>		30 DAY POST PRIMARY <sup>3.</sup>		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>				
	6TH TUESDAY PRE-ELECTION <sup>4.</sup>		2ND FRIDAY PRE-ELECTION <sup>5.</sup>		30 DAY POST ELECTION <sup>6.</sup>		TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>				
	ANNUAL REPORT <sup>7.</sup>		YEAR <input type="checkbox"/>		FILING METHOD ( ) CHECK ONE <input type="checkbox"/>		PAPER <input type="checkbox"/>		DISKETTE <input type="checkbox"/>		
Name of Office Sought by Candidate: <u>County Commissioner</u>					DATE OF ELECTION		District Number	Office Code	Party Code	County Code	
					<u>MO. DAY YEAR</u> <u>5 17 2011</u>		<u>N/A</u>	<u>OTH D9M</u>		<u>46</u>	
(SEE INSTRUCTIONS FOR CODES)											
Summary of Receipts and Expenditures from: <input type="checkbox"/>			MO. DAY YEAR			MO. DAY YEAR			FOR OFFICE USE ONLY  RECEIVED 2011 JUN 16 A 8:40 OFFICE OF VOTER SERVICES MONTGOMERY COUNTY		
			<u>05 03 2011</u>			To <u>06 06 2011</u>					
A. Amount Brought Forward From Last Report						\$ <u>24,479.22</u>					
B. Total Monetary Contributions and Receipts (From Schedule I)						\$ <u>1,000.00</u>					
C. Total Funds Available (Sum of Lines A and B)						\$ <u>25,479.22</u>					
D. Total Expenditures (From Schedule III)						\$					
E. Ending Cash Balance (Subtract Line D from Line C)						\$ <u>25,479.22</u>					
F. Value of In-Kind Contributions Received (From Schedule II)						\$ <u>- 0 -</u>					
G. Unpaid Debts and Obligations (From Schedule IV)						\$ <u>- 0 -</u>					

**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 10th day of June 2011  
 COMMONWEALTH OF PENNSYLVANIA  
 Margaret Hagan, Notary Public  
 Whitmarsh Twp., Montgomery County  
 My Commission Expires Dec. 17, 2014  
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES  
 My commission expires 12 17 14  
 MO. DAY YR.

Ashen Risher  
 Signature of Person Submitting Report  
Sheri Risher  
 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 10th day of June 2011  
 COMMONWEALTH OF PENNSYLVANIA  
 Margaret Hagan, Notary Public  
 Whitmarsh Twp., Montgomery County  
 My Commission Expires Dec. 17, 2014  
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES  
 My commission expires 12 17 14  
 MO. DAY YR.

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 <i>Friends of Leslie Richards</i>	Reporting Period From <i>5/3/11</i> To _____
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the Reporting Period	(1)	\$ <i>- 0 -</i>

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

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$ <i>1,000.00</i>
TOTAL for the Reporting Period	(3)	\$ <i>1,000.00</i>

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

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ <i>1,000.00</i>
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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 <i>Friends of Leslie Richards</i>	Reporting Period From <i>05-03-10</i> to _____
--	---

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

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

PAGE TOTAL
\$ <i>0 -</i>

# 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 <i>Friends of Leslie Richards</i>	Reporting Period From <i>5-3-11</i> To _____
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$ /
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$ /
Mailing Address	MO.	DAY	YEAR	\$ /
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$ /
Mailing Address	MO.	DAY	YEAR	\$ /
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$ /
Mailing Address	MO.	DAY	YEAR	\$ /
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$ /
Mailing Address	MO.	DAY	YEAR	\$ /
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$ /
Mailing Address	MO.	DAY	YEAR	\$ /
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$ /
Mailing Address	MO.	DAY	YEAR	\$ /
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$ /
Mailing Address	MO.	DAY	YEAR	\$ /
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$ /

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

PAGE TOTAL \$ <i>- 0 -</i>
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**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 <i>Friends of Leslie Richards</i>	Reporting Period From <i>5-3-11</i> To _____
--	---

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

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

PAGE TOTAL \$ <i>- 0 -</i>
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**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>5-3-11</b> To _____
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				DATE			AMOUNT
Full Name of Contributor <b>Michael and Pamela Clarke</b>				MO.	DAY	YEAR	\$ 1,000.00
Mailing Address <b>506 Lantern Lane</b>				MO.	DAY	YEAR	\$
City <b>Phila</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19128-</b>		MO.	DAY	YEAR	\$
Employer Name <b>Rudolph Clarke &amp; Kirk</b>				Occupation <b>Attorney</b>			
Employer Mailing Address/Principal Place of Business <b>8 Neshaminy Interplex Suite 215 Trevasc PA</b>							
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			
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			
Employer Mailing Address/Principal Place of Business							

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

PAGE TOTAL <b>\$ 1,000.00</b>
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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 <i>Friends of Leslie Richards</i>	Reporting Period From <i>05-03-11</i> to _____
--	---

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						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.	PAGE TOTAL \$ - 0 -
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# 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>5-3-11</i> To _____
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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> (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ <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 <i>Friends of Leslie Richards</i>	Reporting Period From <i>5-3-11</i> To <i>      </i>
--	---

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
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 <i>Friends of Leslie Richards</i>	Reporting Period From <i>5-3-11</i> To _____
--	---

				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.

PAGE TOTAL \$ <u>0 -</u>
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SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate: Friends of Leslie Richards  
Reporting Period: From 5-3-11 To

Table with 10 rows. Each row contains: To Whom Paid, Mailing Address, City, State, Zip Code (Plus 4), MO., DAY, YEAR, Description of Expenditure, and Amount. All amounts are \$ - 0 -.

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL \$ - 0 -

## 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 <i>Friends of Leslie Richards</i>	Reporting Period From <i>5-3-11</i> To _____
--	---

Name of Creditor				Outstanding Balance of Debt	
<i>/</i>				\$ - 0 -	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt	
<i>/</i>				\$ - 0 -	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt	
<i>/</i>				\$ - 0 -	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt	
<i>/</i>				\$ - 0 -	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt	
<i>/</i>				\$ - 0 -	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor				Outstanding Balance of Debt	
<i>/</i>				\$ - 0 -	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

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

PAGE TOTAL
\$ - 0 -