

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 2106 Basswood Drive						
CITY Lafayette Hill		STATE PA	ZIP CODE 19444			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE BOUGHT BY CANDIDATE	DISTRICT NO.	PARTY D	DATE OF ELECTION		
				MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY				11	06	2012
2ND FRIDAY PRE-PRIMARY						
30 DAY POST-PRIMARY						
6TH TUESDAY PRE-ELECTION						
2ND FRIDAY PRE-ELECTION						
30 DAY POST-ELECTION						
ANNUAL REPORT						

DATES OF REPORTING PERIOD MO. DAY YEAR 5 15 12 TO 10 22 2012	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>
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AMENDMENT REPORT?	YES	NO
TERMINATION REPORT?	YES	NO

RECEIVED
 2012 OCT 26 P 12:56
 OFFICE OF VOTER SERVICES
 MONTHS 001A

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 MY 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 2012
 My Commission Expires March 16, 2016

Dianna Dittus, Notary Public
 215 880-7376

Signature of Person Submitting Report: Leslie Richards
 Printed Name: Leslie Richards
 Area Code: 215 Daytime Telephone Number: 880-7376

My Commission Expires: 3 MO. 16 DAY 2016 YR.

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 of Candidate: _____
 Printed Name: _____
 Area Code: _____ Daytime Telephone Number: _____

My Commission Expires: _____ MO. _____ DAY _____ YR.