Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on	20012	257				Repo Filed		(CANDI	DATE		СОМ	ITTEE	✓ [LOB	BYIST		
Name of Filing C	committee,	Candida	te or Lo	bbyist		L	.each	Dayl	in fo	r Stat	e Rep								
Street Address: PO BOX 60178																			
City:	KING	OF PRUS	SIA						St	ate:	PA			Zip Cod	le: 19	406			
TYPE OF REPORT	6TH TUESE PRE-PRIMA		1.	2ND FR PRIMAR		PRE-	2.		DAY MARY		POST-	3.		AMENDM REPORT?		Yes	No)	\
(place X to the right of	6TH TUESE PRE-ELECT		4.	2ND FR ELECTI		PRE-	5.	30 [ELE	DAY CTIO		POST-	6.		TERMINA REPORT		Yes	No)	\
report type)	ANNUAL F	REPORT	7. X	Year 2	001					METHO				PAPER			DISKI	ETTE	\
Name of Office S	ought by (Candidate	e:				•	•	D/	ATE O	F ELE	CTIC	DN .	District Number	Office Code	Pa	ty Code	Code	
MO DAY YEAR STH DEM 46 REPRESENTATIVE IN THE GENERAL ASSEMBLY																			
REPRESENTATIVE IN THE GENERAL ASSEMBLY 11 6 2001 (SEE INSTRUCTIONS FOR CODES)											5)								
Summary of Expenditures		and	МО	DAY	1	YEAR			M		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
				1	1		1	TO		12		31	2001						
A. Amount Bro				-				-	\$				0.00						
B. Total Moneta	ary Contrib	outions A	nd Rece	eipts (F	rom	Sched	ule I)	\$			1/,	649.00						
C. Total Funds	Available ((Sum Of	Lines A	and B)					\$			17,	649.00						
D. Total Expend	ditures (Fr	om Sche	dule III	[)					\$			2,9	943.07						
E. Ending Cash	Balance (Subtract	Line D	From Li	ine C)			\$			14,	705.93						
F. Value Of In-							e II)		\$				0.00						
G. Unpaid Debt	s And Obli	gations ((From S	chedul	e IV)				\$			14,	740.00						
						AFFI	DAV	IT S	ECT	ION									
PART I - If this is		-			_						-								
I swear (or affirm) correct and comple		port, inclu	iding the	attache	d sche	edules 1	filed o	n pape	r or b	y elect	ronic m	ediun	ı, are to t	he best o	f my know	/ledge	and bel	ief , tr	ue
Sworn to and subs	cribed befor day of	e me this		20								:	Signature	of Perso	n Submitti	ing Re	port		_
		Signature	e					_						Prin	ted Name				_
My Commission Ex	cpires	_												Ema	iI				
	М	10	DA	Υ		YR					Ar	ea Co	de	Daytim	e Telepho	one Nu	mber		
Part II- If this is	a report o	of a candi	idate's a	authori	zed C	Commi	ittee,	Candi	idate	shall	sign h	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	dge and	belief	f this p	oolitica	l com	mitte	e has n	ot viola	ted a	ny provis	ions of the	e act of Ju	ne 3,1	937 (P.I	L. 133	3,
Sworn to and subsc	ribed before day of	me this		20									s	ignature o	of Candida	te			_
								_						Printe	d Name				-
		gnature												Ema	ii				_
My Commission Exp	ires 														·				_
		мо	DA	LΥ		YR		_			Area	Code		Da	ytime Te	lepho	ne Numl	er	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
Leach, Daylin for State Rep	From:	To:	12/31/2001
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			
TOTAL for the Reporting	Period (1)	\$	99.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)			
Contributions Received From Political Committees (Part A)		\$	0.00
All Other Contributions (Part B)		\$	1,800.00
TOTAL for the Reporting	Period (2)	\$	1,800.00
3. Contributions Received Over \$250.00 (From Part C and Part D)			
Contributions Received From Political Committees (Part C)		\$	0.00
All Other Contributions (Part D)		\$	15,750.00
TOTAL for the Reporting	Period (3)	\$	15,750.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)			
TOTAL for the Reporting	Period (4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page 1, 2,3 and 4; also enter this amount on Page1, Report Cover Page 2, 2,3,4,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5		\$	17,649.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate valu	-			-						
Name of Filing Comm	Name of Filing Committee or Candidate				Reporting Period						
			Fro	om:		То	:				
		L			DATE			AMOUNT			
Full Name of Contribut	ing Committee			мо	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plus 4))								
	•	•				-		DAGE TOTAL			

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

0.00

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				eporting Period				
Leach, Daylin for State Rep			Fro	m:		To):	12/31/2001
					DATE			AMOUNT
Full Name of Contributor Christopher W. Massicotte				МО	DAY	YEAR		
Mailing Address 170 Pine Tree Rd.							\$	100.00
City King of Prussia	State PA	Zip Code (Plus 4) 19406		12	11	2001		
Full Name of Contributor Johnathan O. Silberg				МО	DAY	YEAR		
Mailing Address 121 N. 3rd St.							\$	150.00
City Philadelphia	State PA	Zip Code (Plus 4) 19106190		12	12	2001		
Full Name of Contributor Cheryl K. Stayton				МО	DAY	YEAR		
Mailing Address 9 Greenbriar LN							\$	100.00
City Danville	State PA	Zip Code (Plus 4) 17821		12	13	2001		
Full Name of Contributor Jane Dellheim				МО	DAY	YEAR		
Mailing Address 1336 Medford Rd.				10	10	2001	\$	100.00
City Wynnewood	State PA	Zip Code (Plus 4) 19096		12	18	2001		
Full Name of Contributor Kathy M. Manderino				МО	DAY	YEAR		
Mailing Address 509 Fountain St.							\$	100.00
City Philadelphia	State PA	Zip Code (Plus 4) 19128		12	18	2001		

							PAGE	
Full Name of Contr Barbara S.M. Kret			МО	DAY	YEAR			
Mailing Address	2140 St. James Pla	ce					\$	100.00
City Philadelphi	ia	State PA	Zip Code (Plus 4) 19103	12	18	2001		
Full Name of Contr Julie G. Sokoloff	ibutor			МО	DAY	YEAR		
Mailing Address					\$	100.00		
City Ardmore		State PA	Zip Code (Plus 4) 19003	12	18	2001		
Full Name of Contr Cynthia J. Waldma				мо	DAY	YEAR		
Mailing Address	311 Laurel Lane						\$	250.00
City Haverford		State PA	Zip Code (Plus 4) 19041	12	24	2001		
Full Name of Contr John M. Zuraw	ibutor			МО	DAY	YEAR		
	ibutor 102 Clinton Ave.			МО	DAY	YEAR	\$	250.00
John M. Zuraw		State IL	Zip Code (Plus 4) 60302	MO 12	DAY 31	YEAR 2001	\$	250.00
John M. Zuraw Mailing Address	102 Clinton Ave.				31		\$	250.00
John M. Zuraw Mailing Address City Oak Park Full Name of Contr	102 Clinton Ave.			12	31	2001	\$	250.00
John M. Zuraw Mailing Address City Oak Park Full Name of Contr Michael Patrick Kir	102 Clinton Ave. ributor nkopf 206 Edgehill Drive			12	31	2001		
John M. Zuraw Mailing Address City Oak Park Full Name of Contr Michael Patrick Kir Mailing Address	102 Clinton Ave. ributor nkopf 206 Edgehill Drive	IL	60302 Zip Code (Plus 4)	12 MO	DAY	2001 YEAR		
John M. Zuraw Mailing Address City Oak Park Full Name of Contr Michael Patrick Kir Mailing Address City Havertown	102 Clinton Ave. ributor nkopf 206 Edgehill Drive	State PA	60302 Zip Code (Plus 4)	MO 12	31 DAY DAY	2001 YEAR 2001		
John M. Zuraw Mailing Address City Oak Park Full Name of Contr Michael Patrick Kir Mailing Address City Havertown Full Name of Contr Sandra Moskowitz	102 Clinton Ave. ributor nkopf 206 Edgehill Drive	State PA	60302 Zip Code (Plus 4)	MO 12	31 DAY	2001 YEAR 2001	\$	200.00

Full Name of Contributor Caroline Cohen					МО	DAY	YEAR			
Mailing	Mailing Address 637 Valley View Rd.								\$ 1	100.00
City	Ardmore		State		Zip Code (Plus 4)	12	31	2001		
			PA		19003					

PAGE TOTAL \$ 1,800.00

Enter Grand Total of Part A 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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00	

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					Rep	Reporting Period					
Leach, Daylin fo	r State Rep				Fron	n:		To):	12/3	<u>31/2001</u>
						DA	ATE			AMOUN	IT
Full Name of Con	tributor					Мо	DAY	VEAD			
Amy Nislow						МО	DAY	YEAR			
Mailing Address	241 Laurel Lane								\$		1,000.00
City Haverford	d	State	Zip	Code (Plus	34)	12	12	2001			
		PA	19	041							
Employer Name	Self Employed				Occupat	ion B	usiness	woma	n		
Employer Mailing Business	Address/Principal Plac	e of		City			State		Zip Co	ode (Plu	us 4)
241 Laurel Lane				Haverfor	d		PA		1904	41	
Full Name of Con	tributor						DAY	VEAD			
Jennifer Mirak Le	each					МО	DAY	YEAR			
Mailing Address	421 Alderbrook Drive								\$		2,000.00
City Wayne		State	Zip	Code (Plus	3 4)	12	12	2001			
		PA	19	087							
Employer Name	Self Employed					Occupat	i on	sycholo	gist		
Employer Mailing Business	Address/Principal Plac	e of		City			State		Zip Co	ode (Plu	ıs 4)
421 Alderbrook [Orive			Wayne			PA		190	87	
Full Name of Con Rhonda Botel	tributor					мо	DAY	YEAR			
Mailing Address	728 N. Muhelenberg S	St.							\$		1,000.00
City Allentown	า	State	Zip	Code (Plus	i 4)	12	12	2001			
		PA	18	104							
Employer Name	Allentown Public Scho	ols				Occupat	ion T	eacher			
Employer Mailing Business	Address/Principal Plac	e of		City		-	State		Zip Co	ode (Plu	us 4)
Dusiness											

Full Name of Con Robert Mirak	tributor				мо	DAY	YEAR		
Mailing	12 Dista Ct							4	
Address	12 Plato St.				12	10	2001	\$	500.00
City Winchest	er	State	Zij	Code (Plus 4)	12	12	2001		
		MA	01	.890					
Employer Name	Self Employed				Occupat	ion			
Employer Mailing Business	Address/Principal Plac	e of		City	•	State		Zip Code (Plus	4)
12 Plato St.				Winchester		MA		01890	
Full Name of Con Robert Mirak	tributor				мо	DAY	YEAR		
Mailing Address	12 Plato St.							\$	500.00
City Winchest	er	State	Zij	Code (Plus 4)	12	12	2001		
Willenese	Ci	MA	01	.890					
Employer Name	Self Employed				Occupat	ion			
Employer Mailing Address/Principal Place of City						State	te Zip Code (Plus 4)		
Business				Winchester		MA 01890			
						1	<u> </u>	1	
Full Name of Con Georgette Ciukui					МО	DAY	YEAR		
Mailing Address	500 Glenview Rd.							- \$	500.00
City Bryn Mav	vr	State	Zij	Code (Plus 4)	12	12	2001		
		PA	19	0010					
Employer Name	Self Employed				Occupat	ion			
Employer Mailing Business	Address/Principal Plac	e of		City	1	State		Zip Code (Plus	4)
500 Glenview Rd				Bryn Mawr		PA		19010	
Full Name of Con Alixandra Batoff	tributor				МО	DAY	YEAR		
Mailing Address	1118 Berwind Rd.							<u> </u> \$	500.00
City Wynnewd	ood	State	Zij	p Code (Plus 4)	12	12	2001		
wymiewo	oou	PA	19	096					
Employer Name	Self Employed				Occupat	ion			
	Address/Principal Plac	e of		City	1	State		Zip Code (Plus	4)
Business 1118 Berwind Rd. Wynnewood			Wynnewood		PA 19096				
						•	I		

Full Name of Contributor Sefton D. Cohen			МО	DAY	YEAR	
Mailing 305 W. 50th St. Apt.	19-J					\$ 750.00
City New York	State	Zip Code (Plus 4)	12	13	2001	
New York	NY	10019				
Employer Name Vignette Corporation			Occupat	t ion S	alesma	n
Employer Mailing Address/Principal Plac	e of	City		State	Τ	Zip Code (Plus 4)
Business						
Full Name of Contributor Joel M. Peskin			МО	DAY	YEAR	
Mailing 100 Turnbridge Circle			10		2001	\$ 1,000.00
City Haverford	State	Zip Code (Plus 4)	12	13	2001	
	PA	19041				
Employer Name Vignette Corporation		Occupat	t ion	leal Esta	ate Develope	
Employer Mailing Address/Principal Plac Business	•	State		Zip Code (Plus 4)		
Full Name of Contributor Robert M. McCord			МО	DAY	YEAR	
Mailing 135 Fishers Rd.						\$ 500.00
City Bryn Mawr	State PA	Zip Code (Plus 4) 19010	12	16	2001	
Employer Name Self Employed	1		Occupat	ion		1
Employer Mailing Address/Principal Plac Business	e of	City		State		Zip Code (Plus 4)
135 Fishers Rd.		Bryn Mawr		PA		19010
Full Name of Contributor Nora Winkelman			МО	DAY	YEAR	
Mailing 205 Dudley Ave.						\$ 1,000.00
City Narberth	State PA	Zip Code (Plus 4) 19072	12	16	2001	
Employer Name Buchanan Ingersoll Po			Occupat	l tion	ttorney	L
Employer Mailing Address/Principal Place of Business City				State		Zip Code (Plus 4)
Business						

Full Name of Contributor			мо	DAY	YEAR		
Richard G. Bunker, Jr.			140		12/11		
Mailing PO Box 607						\$ 1,000.00	
City Flourtown	State	Zip Code (Plus 4)	12	18	2001		
- Hourtown	PA	19031					
Employer Name Self			Occupat	t ion E	usiness	Executive	
Employer Mailing Address/Principal Plac	e of	City		State		Zip Code (Plus 4)	
Business							
				<u> </u>			
Full Name of Contributor							
Constance H. Williams			МО	DAY	YEAR		
Mailing 307 Brentford Rd.						\$ 2,500.00	
Address	1=-		12	20	2001	2,300.00	
City Haverford	State	Zip Code (Plus 4)	12	20	2001		
	PA	19041					
Employer Name State of Pennsylvania		Occupat	tion		<u> </u>		
State of Pennsylvania		S	tate Leg	gislator			
Employer Mailing Address/Principal Plac	e of	City	1	State Zip Code (Plus 4)			
Employer Mailing Address/Principal Place of Business City							
Full Name of Contributor			l wo	DAY	YEAR		
Edward G. Rendell, Esq.			МО	DAT	ILAK		
Mailing 3425 Warren Drive						\$ 500.00	
City Philadolphia	State	Zip Code (Plus 4)	12	31	2001		
Philadelphia							
	PA	19129					
	PA	19129					
Employer Name Ballard Spahr Andrew			Occupat	cion A	ttorney		
Employer Name Ballard Spahr Andrew Employer Mailing Address/Principal Place	rs and Ingersoll, LLP		Occupat	State	·	Zip Code (Plus 4)	
Employer Mailing Address/Principal Plac	rs and Ingersoll, LLP		Occupat	Α	·	Zip Code (Plus 4) 19103	
Employer Mailing Address/Principal Place Business 1735 Market Street51st Floor Full Name of Contributor	rs and Ingersoll, LLP	City		State	·		
Employer Mailing Address/Principal Plac Business 1735 Market Street51st Floor	rs and Ingersoll, LLP	City	Occupat	State PA			
Employer Mailing Address/Principal Place Business 1735 Market Street51st Floor Full Name of Contributor	rs and Ingersoll, LLP	City		State PA			
Employer Mailing Address/Principal Place Business 1735 Market Street51st Floor Full Name of Contributor Michelle S. Karbiner-Ball Mailing Address 111 Cheswold Ln	rs and Ingersoll, LLP	City		State PA		19103	
Employer Mailing Address/Principal Place Business 1735 Market Street51st Floor Full Name of Contributor Michelle S. Karbiner-Ball Mailing 111 Cheswold In	s and Ingersoll, LLP	City Philadelphia Zip Code (Plus 4)	МО	State PA DAY	YEAR	19103	
Employer Mailing Address/Principal Place Business 1735 Market Street51st Floor Full Name of Contributor Michelle S. Karbiner-Ball Mailing Address 111 Cheswold Ln	e of State	City Philadelphia	МО	State PA DAY	YEAR	19103	
Employer Mailing Address/Principal Place Business 1735 Market Street51st Floor Full Name of Contributor Michelle S. Karbiner-Ball Mailing Address 111 Cheswold Ln	e of State	City Philadelphia Zip Code (Plus 4)	МО	State PA DAY	YEAR	\$ 2,500.00	
Employer Mailing Address/Principal Place Business 1735 Market Street51st Floor Full Name of Contributor Michelle S. Karbiner-Ball Mailing Address 111 Cheswold Ln City Haverford Employer Name Self Employed Employer Mailing Address/Principal Place	s and Ingersoll, LLP e of State PA	City Philadelphia Zip Code (Plus 4)	мо	State PA DAY	YEAR 2001	\$ 2,500.00	
Employer Mailing Address/Principal Place Business 1735 Market Street51st Floor Full Name of Contributor Michelle S. Karbiner-Ball Mailing Address 111 Cheswold Ln City Haverford	s and Ingersoll, LLP e of State PA	City Philadelphia Zip Code (Plus 4) 19041180	мо	State PA DAY 31	YEAR 2001	\$ 2,500.00	

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

PAGE TOTAL

\$ 15,750.00

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				rting Period						
			From:			To:				
				D	ATE		AM	IOUNT		
Full Name				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)							
Receipt Description										
Enter Grand Total of Part E or	n Schedule I. Detailed	l Summary Page.	Section	4.			PA	GE TOTAL		
	. Jones I, Detailee	· cammary rage,	2001011	••			\$	0.00		

SCHEDULE II

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	Reporting Period						
Leach, Daylin for State Rep	From:	To:	12/31/2001				
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR						
TOTAL for the Reporting Pe	eriod (1)	\$	0.00				
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)							
TOTAL for the Reporting Pe	eriod (2)	\$	0.00				
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)							
TOTAL for the Reporting Pe	eriod (3)	\$	0.00				
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00				

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period					
Fi						То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL	
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate		Re	Reporting Period						
				Fr	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zip Code(Plus 4))					
Employer of Contributor					Occupa	ition			
Employer Mailing Address/Principal Place of Business		City State		Zip Code(Plus 4)		Description of Contribution			
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.							PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
Leach, Daylin for State Rep			From			То:	12/31/2001
		DATE			AMOUNT		
To Whom Paid PNC Bank			мо	DAY	YEAR		
Mailing Address 3535 Marke	12	20	2001	\$	22.99		
City Philadelphia	a State Zip Code (Plus 4) PA 19104				penditure e		
To Whom Paid TOP GUNS CORPORATE PHOTO	мо	DAY	YEAR				
Mailing Address 435 Haverfo	ord Rd.		12	20	2001	\$	205.00
City Wynnewood	State PA	Zip Code (Plus 4) 19096	Description of Expenditure Candidate Photography				
To Whom Paid Adjutant Software			мо	DAY	YEAR		
Mailing Address 2055 Bond	Road		12	20	2001	\$	100.00
City DeLand	State FL	Zip Code (Plus 4) 32720	Description of Expenditure Campaign Software				
To Whom Paid Petty Cash			мо	DAY	YEAR		
Mailing Address 170 Pine Tro	ee Rd		12	21	2001	\$	100.00
City King of Prssa	State PA	Zip Code (Plus 4) 19406	Description of Expenditure Printing Walk Cards				
To Whom Paid Kennedy Printing Company			МО	DAY	YEAR		
Mailing Address 5534 Baltim	nore Ave.		12	27	2001	\$	1,545.08
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	

19143

PA

Initial Letterhead & envelopes

To Whom Paid			МО	DAY	YEAR					
Upper Merion Township										
Mailing Address				31	2001	\$	20.00			
City King of Prussia State Zip Code (Plus 4)				Description of Expenditure						
					Sign Permit					
To Whom Paid Upper Merion Township			мо	DAY	YEAR					
opper rienon rounding										
Mailing Address			12	31	2001	\$	50.00			
City King of Prussia	State	Zip Code (Plus 4)	Description of Expenditure							
	PA	19406	Escrow for Sign Permit							
To Whom Paid Lower Merion Democratic Committee	ee		МО	DAY	YEAR					
Mailing Address PO Box 490			12	31	2001	\$	900.00			
City Ardmore State Zip Code (Plus 4)				Description of Expenditure						
	PA		Rent fmor Jan & Feb.							
							PAGE TOTAL			
Enter Grand Total of Expenditu	res on Page 1, R	eport Cover Page, Item D				\$	2,943.07			

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			Reportir	ng Period						
Leach, Daylin for State Rep			From:			То:		12/31/2001		
					DATE			Outstanding Balance of Debt		
Name of Creditor				мо	DAY	YEAR				
Nora Winkelman				MO	DAT	IEAR				
Mailing Address 205 Dudley Ave.					7	2002	<u> </u>	7,740.00		
City Narberth State Zip Code (Plus 4)				Description of Debt						
	PA	19072 Advertisement Sl			sement Sh	ooting	Fees			
					DATE			Outstanding Balance of Debt		
Name of Creditor Jennifer Mirak Leach				МО	DAY	YEAR				
Mailing Address 421 Alderbrook Dr	ive			1	15	2002	<u>-</u> -	7,000.00		
City Wayne State Zip Code (Plus 4)				Description of Debt						
	PA	19087		Loan fo	or TV Buy 1	./15				
	•							PAGE TOTAL		
Enter Grand Total of Unpaid Deb	ts on Page 1, Rep	ort Cover Pa	ge, Item	G.			\$	14,740.00		
						Ĺ		14,740.00		