### **Campaign Finance Report**

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

| Filer Identificati<br>Number :           | ion                     | 20012                     | 257         | Report CANDIDATE COI  |         |        |       |                    | СОМ            | <b>4ITTEE</b> | ✓        | LOBE           | SYIST                  |            |          |           |           |
|--|-------------------------|---------------------------|-------------|---|---------|--------|-------|--------------------|----------------|---------------|----------|----------------|------------------------|------------|----------|-----------|-----------|
| Name of Filing C                         | Committee,              | , Candida                 | ate or Lo   | obbyist:  |         | Lead   | ch fo | or Sta             | te Repre       | sentati       | ive      |                |                        |            |          |           |           |
| Street Address:                          | РО ВО                   | X 60178                   | 3           |   |         |        |       |                    |                |               |          |                |                        |            |          |           |           |
| City:                                    | KING (                  | OF PRUS                   | SSIA        |   |         |        |       |                    | State:         | PA            |          |                | Zip Cod                | de: 19     | 9406     |           |           |
| TYPE OF<br>REPORT                        | 6TH TUESD<br>PRE-PRIMA  |                           | 1.          | 2ND FRIDA'<br>PRIMARY   | Y PRE   | - 2    | 2.    | 30 DA<br>PRIMA     |                | POST- 3.      |          |                | AMENDMENT YOUR REPORT? |            |          | No        | <b>~</b>  |
| (place X to<br>the right of              | 6TH TUESD<br>PRE-ELECT  |                           | 4.          | 2ND FRIDA'<br>ELECTION  | y pre   | - 5    | 5.    | 30 DA              |                | POST- 6.      |          |                | TERMINA<br>REPORT      | Yes        | No       | <b>\</b>  |           |
| report type)                             | ANNUAL F                | REPORT                    | 7. <b>X</b> | Year 2003 FILING METHOD ( ) CHECK ONE   |         |        |       |                    | PAPER          |               | <b>\</b> | DISKE          | TTE                    |            |          |           |           |
| Name of Office S                         | –<br>Sought by (        | Candidat                  |             |   |         |        |       | District<br>Number | Office<br>Code | Par           | ty Code  | County<br>Code |                        |            |          |           |           |
| REPRESENTATI                             | IVE IN THE              | E IN THE GENERAL ASSEMBLY |             |   |         |        |       |                    | STH            | DEM           | 1        | 46             |                        |            |          |           |           |
|  | 11 4 2003               |                           |             |   |         |        |       | <u> </u>           | STRUCTIO       |               | ODES)    |                |                        |            |          |           |           |
| Summary of<br>Expenditures               |                         | and                       |             |   |         |        |       | FO                 | R OFFI         | CE USE        | ONLY     |                |                        |            |          |           |           |
| A. Amount Bro                            | uaht Forwa              | ard From                  | Last Re     |   |         |        |       |                    |                |               |          |                |                        |            |          |           |           |
|  |                         |                           |             | st Report         \$ 7,092.40           Receipts (From Schedule I)         \$ 11,861.00 |         |        |       |                    | !<br>          |               |          |                |                        |            |          |           |           |
| C. Total Funds                           | Available (             | (Sum Of                   | Lines A     | and B)  |         |        |       | \$                 |                |               | 18,9     | 953.40         |                        |            |          |           |           |
| D. Total Expen                           | ditures (Fr             | om Sche                   | dule II     | [)  |         |        |       | \$                 |                |               | 5,1      | .65.07         | 1                      |            |          |           |           |
| E. Ending Cash                           | Balance (               | Subtract                  | Line D      | From Line (   | C)      |        |       | \$                 |                |               | 13,7     | 88.33          |                        |            |          |           |           |
| F. Value Of In-                          | Kind Contr              | ibutions                  | Receive     | ed (From Se   | chedu   | le II  | )     | \$                 |                |               |          | 0.00           |                        |            |          |           |           |
| G. Unpaid Debt                           | ts And Obli             | igations                  | (From S     | chedule IV  | )       |        |       | \$                 |                |               |          | 0.00           |                        |            | •        |           |           |
|  |                         |                           |             |   | AFF     | IDA    | \VI   | T SE               | CTION          |               |          |                |                        |            |          |           |           |
| PART I - If this is                      | s a Commit              | ttee repo                 | ort, trea   | surer sign l  | here. I | [f thi | is is | a Car              | ndidate re     | eport, o      | candi    | date sig       | ın here.               |            |          |           |           |
| I swear (or affirm) correct and comple   |                         | eport, incli              | uding the   | attached scl  | nedules | filed  | d on  | paper              | or by elect    | ronic m       | edium    | , are to t     | he best o              | f my kno   | wledge a | and belie | ef , true |
| Sworn to and subs                        | scribed befor<br>day of | re me this                |             | 20  |         |        |       |                    |                |               | S        | ignature       | of Perso               | n Submit   | ting Rep | ort       |           |
|  |                         | Signatur                  | ·e          | -   |         |        |       | -<br>-             |                |               |          |                | Prin                   | ted Name   | e        |           |           |
| My Commission Ex                         | xpires                  | -                         |             |   |         |        |       |                    |                |               |          |                | Ema                    | il         |          |           |           |
|  | м                       | 10                        | DA          | lΥ  | YR      |        |       |                    |                | Are           | ea Cod   | le             | Daytim                 | e Telepi   | none Nui | mber      |           |
| Part II- If this is                      | a report o              | of a cand                 | idate's     | authorized  | Comn    | nitte  | e, C  | andid              | ate shall      | sign h        | ere.     |                |                        |            |          |           |           |
| I swear (or affirm)<br>No 320) as amende |                         | best of m                 | y knowle    | dge and beli  | ef this | polit  | ical  | comm               | ittee has n    | ot viola      | ted an   | y provis       | ions of th             | e act of J | une 3,19 | 937 (P.L. | 1333,     |
| Sworn to and subsc                       |                         | me this                   |             |   |         |        |       |                    |                |               |          | s              | ignature o             | of Candid  | ate      |           |           |
|  | day of                  |                           |             |   |         |        |       | _                  |                |               |          |                | Printe                 | d Name     |          |           |           |
|  | Si                      | gnature                   |             |   |         |        |       | -                  |                |               |          |                |                        |            |          |           |           |
| My Commission Exp                        | oires                   |                           |             |   |         |        |       | _                  |                |               |          |                | Ema                    | II         |          |           |           |
|  |                         | мо                        | D#          | ΛΥ  | YR      |        |       | _                  |                | Area          | Code     |                | Da                     | aytime T   | elephon  | e Numbe   | er        |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting Period |     |            |
|--|------------------|-----|------------|
| Leach for State Representative   | From:            | То: | 12/31/2003 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |                  |     |            |
| TOTAL for the Reporting  | Period (1)       | \$  | 586.00     |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)  |                  |     |            |
| Contributions Received From Political Committees (Part A)  |                  | \$  | 400.00     |
| All Other Contributions (Part B)   |                  | \$  | 5,075.00   |
| TOTAL for the Reporting  | Period (2)       | \$  | 5,475.00   |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |                  |     |            |
| Contributions Received From Political Committees (Part C)  |                  | \$  | 1,000.00   |
| All Other Contributions (Part D)   |                  | \$  | 4,800.00   |
| TOTAL for the Reporting  | Period (3)       | \$  | 5,800.00   |
| 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 |                  | \$  | 11,861.00  |

#### **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 Candidat                                      | e                  |                         | Re | eporting I | Period |      |    |            |
|---|--------------------|-------------------------|----|------------|--------|------|----|------------|
| Leach for State Representative  |                    |                         | Fr | om:        |        | То   | :  | 12/31/2003 |
|   |                    |                         |    |            | DATE   |      |    | AMOUNT     |
| Full Name of Contributing Committee Karen Kaskey for State Representative |                    |                         |    | МО         | DAY    | YEAR |    |            |
| Mailing Address 1353 Arbordale R  | d.                 |                         |    |            |        |      | \$ | 150.00     |
| <b>City</b> Wynnewood   | State<br>PA        | Zip Code (Plus<br>19096 | 4) | 11         | 7      | 2003 |    |            |
| Full Name of Contributing Committee People for Good Government            |                    |                         |    | МО         | DAY    | YEAR |    |            |
| Mailing Address 2 North 9th St.   |                    |                         |    |            |        |      | \$ | 100.00     |
| <b>City</b> Allentown   | <b>State</b><br>PA | Zip Code (Plus<br>18101 | 4) | 10         | 22     | 2003 |    |            |
| Full Name of Contributing Committee Pennsylvanians for Representative Coh | en                 |                         |    | МО         | DAY    | YEAR |    |            |
| Mailing Address 105 Cliffwood Rd  |                    |                         |    |            |        | 2005 | \$ | 150.00     |
| <b>City</b> Philadelphia  | <b>State</b><br>PA | Zip Code (Plus<br>19115 | 4) | 10         | 22     | 2003 |    |            |

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

**PAGE TOTAL**400.00

### 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 Candidat             | e                  |                                   | Reporti | ng Pe | eriod |      |            |            |
|--|--------------------|-----------------------------------|---------|-------|-------|------|------------|------------|
| Leach for State Representative                   |                    |                                   | From:   |       |       | To   | <b>)</b> : | 12/31/2003 |
|  |                    |                                   |         |       | DATE  |      |            | AMOUNT     |
| Full Name of Contributor Charles H. Mott, CPA.   |                    |                                   | М       | 0     | DAY   | YEAR |            |            |
| Mailing Address 1018 Timber Lane                 |                    |                                   |         |       |       |      | \$         | 100.00     |
| <b>City</b> Pottstown                            | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19464 |         | 11    | 20    | 2003 |            |            |
| Full Name of Contributor Charles H. Mott, CPA.   |                    |                                   | М       | 0     | DAY   | YEAR |            |            |
| Mailing Address 1018 Timber Lane  City Pottstown | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19464 |         | 10    | 22    | 2003 | \$         | 150.00     |
| <b>Full Name of Contributor</b> Ben Stein        |                    |                                   | М       | 0     | DAY   | YEAR |            |            |
| Mailing Address 410 Oakwynne Driv                | re                 |                                   |         |       |       |      | \$         | 150.00     |
| <b>City</b> Wynnewood                            | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19096 |         | 11    | 13    | 2003 |            |            |
| Full Name of Contributor Michael Patrick Kinkopf |                    |                                   | М       | 0     | DAY   | YEAR |            |            |
| Mailing Address 206 Edgehill Drive               |                    |                                   |         |       |       |      | \$         | 250.00     |
| City Havertown                                   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19083 |         | 11    | 13    | 2003 |            |            |
| Full Name of Contributor  Mary Anne Murray       |                    |                                   | М       | 0     | DAY   | YEAR |            |            |
| Mailing Address 300 Barwynne Lane                | 2                  |                                   |         |       |       |      | \$         | 200.00     |
| <b>City</b> Wynnewood                            | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19096 |         | 11    | 10    | 2003 |            |            |

|  |  |                    |                                 |           |               |                      | PAGE |        |
|--|--|--------------------|---------------------------------|-----------|---------------|----------------------|------|--------|
| Full Name of Cont  | tributor   |                    |                                 |           | DAY           | VEAD                 |      |        |
| Gregory W. Philip  | OS   |                    |                                 | МО        | DAY           | YEAR                 |      |        |
| Mailing Address  | 261 Pleasant Valley  | r Rd.              |                                 |           |               |                      | \$   | 250.00 |
| City King of Pr  | russia   | State              | Zip Code (Plus 4)               | 11        | 10            | 2003                 |      |        |
| -  |  | PA                 | 19406                           |           |               |                      |      |        |
| Full Name of Cont  |  |                    |                                 | мо        | DAY           | YEAR                 |      |        |
| Mailing Address  |  |                    |                                 |           |               |                      |      |        |
| •  | 334 Rosemary Lane  | 2                  |                                 |           | 10            | 2002                 | \$   | 150.00 |
| City Penn Valle  | ey   | State              | Zip Code (Plus 4)               | 11        | 10            | 2003                 |      |        |
|  |  | PA                 | 19072                           |           |               |                      |      |        |
| Full Name of Cont<br>William S. Leopol   |  |                    |                                 | МО        | DAY           | YEAR                 |      |        |
| Mailing Address  | 516 Oak Rd.  |                    |                                 |           |               |                      | \$   | 100.00 |
| City Merion St   | ation  | State              | Zip Code (Plus 4)               | 11        | 10            | 2003                 |      |        |
|  |  | PA                 | 19066                           |           |               |                      |      |        |
|  |  |                    |                                 |           |               |                      |      |        |
| Full Name of Cont  |  |                    |                                 | МО        | DAY           | YEAR                 |      |        |
|  |  | CR. Apt. 880       | <u>I</u>                        | МО        | DAY           | YEAR                 | \$   | 100.00 |
| Theodore A. Chas   | sanoff<br>3000 Valley Forge (  | CR. Apt. 880       | Zip Code (Plus 4)               | <b>MO</b> | <b>DAY</b> 10 | <b>YEAR</b> 2003     | \$   | 100.00 |
| Theodore A. Chas   | sanoff<br>3000 Valley Forge (  |                    | <b>Zip Code (Plus 4)</b> 19406  |           |               |                      | \$   | 100.00 |
| Theodore A. Chas   | sanoff<br>3000 Valley Forge (<br>russia  | State              |                                 |           | 10            |                      | \$   | 100.00 |
| Mailing Address  City King of Pr   | sanoff<br>3000 Valley Forge (<br>russia  | State<br>PA        |                                 | 11        | 10            | 2003                 | \$   | 100.00 |
| Theodore A. Chas  Mailing Address  City King of Pr  Full Name of Cont David Langlieb  Mailing Address  | sanoff  3000 Valley Forge ( russia  tributor  883 Cedarhurst St.                                     | State<br>PA        |                                 | 11        | 10            | 2003                 |      |        |
| Mailing Address  City King of Pr  Full Name of Cont David Langlieb  Mailing Address  | sanoff  3000 Valley Forge ( russia  tributor  883 Cedarhurst St.                                     | State<br>PA        | 19406                           | 11<br>MO  | 10            | 2003<br>YEAR         |      |        |
| Theodore A. Chas  Mailing Address  City King of Pr  Full Name of Cont David Langlieb  Mailing Address  | sanoff  3000 Valley Forge of the stributor  883 Cedarhurst St. odmere                                | State PA State     | 19406    Zip Code (Plus 4)      | 11<br>MO  | 10            | 2003<br>YEAR         |      |        |
| Theodore A. Chas  Mailing Address  City King of Pr  Full Name of Cont David Langlieb  Mailing Address  City North Wo  Full Name of Cont                                  | sanoff  3000 Valley Forge of the stributor  883 Cedarhurst St. odmere                                | State PA State     | 19406    Zip Code (Plus 4)      | 11 MO     | 10<br>DAY     | 2003<br>YEAR<br>2003 |      |        |
| Theodore A. Chas  Mailing Address  City King of Pr  Full Name of Cont David Langlieb  Mailing Address  City North Wo  Full Name of Cont Ruth S. Damsker  Mailing Address | sanoff  3000 Valley Forge of trussia  tributor  883 Cedarhurst St. odmere  tributor  7840 Cedar Lane | State PA  State NY | 19406  Zip Code (Plus 4)  11581 | 11 MO     | 10<br>DAY     | 2003<br>YEAR<br>2003 | \$   | 100.00 |
| Theodore A. Chas  Mailing Address  City King of Pr  Full Name of Cont David Langlieb  Mailing Address  City North Wo  Full Name of Cont Ruth S. Damsker                  | sanoff  3000 Valley Forge of trussia  tributor  883 Cedarhurst St. odmere  tributor  7840 Cedar Lane | State PA State     | 19406    Zip Code (Plus 4)      | 11 MO     | 10 DAY 10     | 2003  YEAR  2003     | \$   | 100.00 |

| Full Name of Contributor   Torstein Greens   State   Top Code (Plus 4)   Top State   Top Sta   |   |  |                    |                                 |       |           |                      |              |
|--|---|--|--------------------|---------------------------------|-------|-----------|----------------------|--------------|
| Mailing Address  | Full Name of Co   | ontributor   |                    |                                 |       |           |                      |              |
| This   State   State   State   1996   1000   | Torsten Greers  | 5  |                    |                                 | МО    | DAY       | YEAR                 |              |
| Full Name of Contributor   PA   19096   PA   PA   19096   PA   PA   PA   PA   PA   PA   PA   P   | Mailing Address   | s 415 Millers Lane   |                    |                                 |       |           |                      | \$<br>100.00 |
| Full Name of Contributor PA   19096   Mo   | City Wynne  | wood   | State              | Zip Code (Plus 4)               | 11    | 10        | 2003                 |              |
| Phyllis Glackman   Phyllis Gl    |   |  | PA                 | 19096                           |       |           |                      |              |
| Phyllis Glackman   Mailing Address   517 E. Sping Ave   State   PA   19003   110   100   2003   20   | Full Name of Co   | ontributor   |                    |                                 | MO    | DAY       | VEAD                 |              |
| State   PA   19003   Pay   P   | Phyllis Glackma   | an   |                    |                                 | МО    | DAI       | ILAK                 |              |
| Full Name of Contributor   Carolyn T. Choh   City   Pennsylvania   State   PA   PA   PA   PA   PA   PA   PA   P  | Mailing Address   | 517 E. Sping Ave   |                    |                                 |       |           |                      | \$<br>75.00  |
| PA   | City Ardmor   | re   | State              | Zip Code (Plus 4)               | 11    | 10        | 2003                 |              |
| Mailing   Address   1335   Remington Rd.   Wynnewood   | , <u>.</u>  | . •  | PA                 | 19003                           |       |           |                      |              |
| State   PA   |   |  |                    |                                 | МО    | DAY       | YEAR                 |              |
| Full Name of Contributor Lani Frank  Mol DAY YEAR  Mailing Address 626 Olympia Hills Circle  City Berwyn State PA 19312  Full Name of Contributor Mary E. Posner  Mailing Address 1110 Old Gulph Rd.  City Rosemont State PA 19010  Full Name of Contributor Robert A. Rovner  Mol DAY YEAR  111 10 2003  Full Name of Contributor Robert A. Rovner  Mol DAY YEAR  112 2ip Code (Plus 4) 19010  Full Name of Contributor Robert A. Rovner  Mol DAY YEAR  113 100 2003  Full Name of Contributor Robert A. Rovner  State PA 2ip Code (Plus 4) 19010  Full Name of Contributor Robert A. Rovner  State PA 2ip Code (Plus 4) 19010  Full Name of Contributor Robert A. Rovner  State PA 2ip Code (Plus 4) 19010  Full Name of Contributor Robert A. Rovner  State PA 2ip Code (Plus 4) 19010  Full Name of Contributor Robert A. Rovner  State PA 2ip Code (Plus 4) 19010  Full Name of Contributor Robert A. Rovner  | Mailing Address   | s 1335 Remington Ro  | d. Wynnewood       |                                 |       |           |                      | \$<br>150.00 |
| PA   19096   To   Indicate   Pa   19096   To   Indicate   Pa   19096   To   Indicate   Pa   Pa   19096   To   Indicate   Pa   Pa   Pa   Pa   Pa   Pa   Pa   P  | City Pennsy   | ·lvania  | State              | Zip Code (Plus 4)               | 11    | 10        | 2003                 |              |
| Lani Frank  Mo DAY YEAR  Mol DAY YEAR  All DO DAY PEAR  A | ,   |  | PA                 | 19096                           |       |           |                      |              |
| City   Berwyn   State   PA   19312   | Full Name of Co   |  |                    |                                 |       |           |                      |              |
| Full Name of Contributor Mary E. Posner  Mo DAY YEAR  Molling Address 1110 Old Gulph Rd.  City Rosemont  Full Name of Contributor Robert A. Rovner  Mo DAY  YEAR  110 Old Gulph Rd.  State PA  110 Old Gulph Rd.  110 Old Gulp |   | ontributor   |                    |                                 | МО    | DAY       | YEAR                 |              |
| Full Name of Contributor   Mailing Address   1110 Old Gulph Rd.   2ip Code (Plus 4)   19010   2003   | Lani Frank  |  | Circle             |                                 | МО    | DAY       | YEAR                 | \$<br>100.00 |
| Mary E. Posner         Mo DAY YEAR           Mailing Address 1110 Old Gulph Rd.         Zip Code (Plus 4) 19010         11 10 2003         Full Name of Contributor Robert A. Rovner         Mo DAY YEAR         YEAR         Mailing Address 175 Bustleton Pike         State         Zip Code (Plus 4)         11 10 2003         \$ 150.00  | Lani Frank  Mailing Address   | <b>s</b> 626 Olympia Hills C   |                    | Zip Code (Plus 4)               |       |           |                      | \$<br>100.00 |
| City Rosemont  State PA  110 July 150.00  State PA  110 July 150.00  Full Name of Contributor Robert A. Rovner  Mailing Address  175 Bustleton Pike  City Feasterville  State  State  Zip Code (Plus 4) 19010  MO  DAY  YEAR  \$ 150.00  \$ 150.00   | Lani Frank  Mailing Address   | <b>s</b> 626 Olympia Hills C   | State              |                                 |       |           |                      | \$<br>100.00 |
| Full Name of Contributor Robert A. Rovner  Mo DAY YEAR  Mailing Address 175 Bustleton Pike  City Feasterville  State 21p Code (Plus 4)  19010  Mo DAY YEAR  \$ 150.00  | Lani Frank  Mailing Address  City Berwyn  Full Name of Co   | s 626 Olympia Hills O  | State              |                                 | 11    | 10        | 2003                 | \$<br>100.00 |
| Full Name of Contributor Robert A. Rovner  Mailing Address 175 Bustleton Pike  City Feasterville  PA 19010  Mo DAY YEAR  \$ 150.00   | Lani Frank  Mailing Address  City Berwyn  Full Name of Co   | s 626 Olympia Hills On Markette Contributor                                      | State<br>PA        |                                 | 11    | 10        | 2003                 |              |
| Robert A. Rovner  Mo DAY YEAR  Mailing Address 175 Bustleton Pike  City Feasterville  State Zip Code (Plus 4)  11 10 2003  \$ 150.00   | Lani Frank  Mailing Address  City Berwyn  Full Name of Co Mary E. Posner  Mailing Address   | ontributor r 1110 Old Gulph Rd   | State<br>PA        | 19312                           | 11 MO | 10        | 2003<br>YEAR         |              |
| Robert A. Rovner  Mo DAY YEAR  Mailing Address 175 Bustleton Pike  City Feasterville  State Zip Code (Plus 4)  11 10 2003  \$ 150.00   | Lani Frank  Mailing Address  City Berwyn  Full Name of Co Mary E. Posner  Mailing Address   | ontributor r 1110 Old Gulph Rd   | State PA State     | 19312<br>Zip Code (Plus 4)      | 11 MO | 10        | 2003<br>YEAR         |              |
| City         Feasterville         State         Zip Code (Plus 4)         11         10         2003         \$ 150.00   | Lani Frank  Mailing Address  City Berwyn  Full Name of Co Mary E. Posner  Mailing Address  City Rosemo  | ontributor r 1110 Old Gulph Rd   | State PA State     | 19312  Zip Code (Plus 4)        | 11 MO | 10        | 2003<br>YEAR         |              |
| Feasterville State 21p Code (Fits 4)   | Lani Frank  Mailing Address  City Berwyn  Full Name of Co Mary E. Posner  Mailing Address  City Rosemo  | s 626 Olympia Hills On  ontributor  r  s 1110 Old Gulph Rd  ont                  | State PA State     | 19312  Zip Code (Plus 4)        | MO 11 | 10 DAY    | 2003<br>YEAR<br>2003 |              |
| r edster vine  | Lani Frank  Mailing Address  City Berwyn  Full Name of Co Mary E. Posner  Mailing Address  City Rosemo  Full Name of Co Robert A. Rovn                  | ontributor  1110 Old Gulph Rd  ontributor  ontributor                            | State PA State     | 19312  Zip Code (Plus 4)        | MO 11 | 10 DAY 10 | 2003  YEAR  2003     | \$<br>150.00 |
|  | Lani Frank  Mailing Address  City Berwyn  Full Name of Co Mary E. Posner  Mailing Address  City Rosemo  Full Name of Co Robert A. Rovn  Mailing Address | ontributor  ontributor  s 1110 Old Gulph Rd  ontributor  ner  175 Bustleton Pike | State PA  State PA | 19312  Zip Code (Plus 4)  19010 | MO 11 | 10 DAY 10 | 2003  YEAR  2003     | \$<br>150.00 |

|  |  |           |               |                      | FAGL /       |       |
|--|--|-----------|---------------|----------------------|--------------|-------|
| Full Name of Contributor   |  |           |               |                      |              |       |
| Julie M. Levitt, PhD.  |  | МО        | DAY           | YEAR                 |              |       |
| Mailing Address 33 E Princeton Rd.   |  |           |               |                      | <b>\$</b> 25 | 50.00 |
| City Bala Cynwyd State   | Zip Code (Plus 4)                          | 11        | 10            | 2003                 |              |       |
| PA   | 19004                                      |           |               |                      |              |       |
| Full Name of Contributor   |  | мо        | DAY           | YEAR                 |              |       |
| Christopher W. Massicotte  |  |           |               |                      |              |       |
| Mailing Address 170 Pine Tree Rd.  |  |           |               |                      | <b>\$</b> 15 | 50.00 |
| City King of Prussia State   | Zip Code (Plus 4)                          | 11        | 10            | 2003                 |              |       |
| PA   | 19406                                      |           |               |                      |              |       |
| Full Name of Contributor John M. Zuraw   |  | МО        | DAY           | YEAR                 |              |       |
| Mailing Address 102 Clinton Ave.   |  |           |               |                      | <b>\$</b> 15 | 50.00 |
| City Oak Park  | Zip Code (Plus 4)                          | 11        | 10            | 2003                 |              |       |
| IL I   | 60302                                      |           |               |                      |              |       |
| 1  |  |           |               |                      |              |       |
| Full Name of Contributor Michael L. Schonberger  |  | мо        | DAY           | YEAR                 |              |       |
| Full Name of Contributor   |  | МО        | DAY           | YEAR                 | <b>\$</b> 15 | 50.00 |
| Full Name of Contributor Michael L. Schonberger  Mailing Address 18 E. Newfield Way  | Zip Code (Plus 4)                          | <b>MO</b> | <b>DAY</b> 10 | <b>YEAR</b> 2003     | \$ 15        | 50.00 |
| Full Name of Contributor Michael L. Schonberger  Mailing Address 18 E. Newfield Way  |  |           |               |                      | <b>\$</b> 15 | 50.00 |
| Full Name of Contributor Michael L. Schonberger  Mailing Address 18 E. Newfield Way  City Bala Cynwyd State  | Zip Code (Plus 4)                          |           |               |                      | \$ 15        | 50.00 |
| Full Name of Contributor Michael L. Schonberger  Mailing Address 18 E. Newfield Way  City Bala Cynwyd State PA  Full Name of Contributor   | Zip Code (Plus 4)                          | 11        | 10            | 2003<br>YEAR         |              | 50.00 |
| Full Name of Contributor Michael L. Schonberger  Mailing Address 18 E. Newfield Way  City Bala Cynwyd State PA  Full Name of Contributor Edwin J. Mustard, Jr.  Mailing Address 390 Kingswood  | Zip Code (Plus 4)                          | 11        | 10            | 2003                 |              |       |
| Full Name of Contributor Michael L. Schonberger  Mailing Address 18 E. Newfield Way  City Bala Cynwyd State PA  Full Name of Contributor Edwin J. Mustard, Jr.  Mailing Address 390 Kingswood  | <b>Zip Code (Plus 4)</b> 19004             | 11<br>MO  | 10            | 2003<br>YEAR         |              |       |
| Full Name of Contributor Michael L. Schonberger  Mailing Address 18 E. Newfield Way  City Bala Cynwyd State PA  Full Name of Contributor Edwin J. Mustard, Jr.  Mailing Address 390 Kingswood  City King of Prussia State PA   | Zip Code (Plus 4) 19004  Zip Code (Plus 4) | 11<br>MO  | 10            | 2003<br>YEAR         |              |       |
| Full Name of Contributor Michael L. Schonberger  Mailing Address 18 E. Newfield Way  City Bala Cynwyd State PA  Full Name of Contributor Edwin J. Mustard, Jr.  Mailing Address 390 Kingswood  City King of Prussia State  | Zip Code (Plus 4) 19004  Zip Code (Plus 4) | 11<br>MO  | 10            | 2003<br>YEAR         |              |       |
| Full Name of Contributor Michael L. Schonberger  Mailing Address 18 E. Newfield Way  City Bala Cynwyd State PA  Full Name of Contributor Edwin J. Mustard, Jr.  Mailing Address 390 Kingswood  City King of Prussia State PA   | Zip Code (Plus 4) 19004  Zip Code (Plus 4) | 11 MO     | 10 DAY 8      | 2003 YEAR 2003       | \$ 15        |       |
| Full Name of Contributor Michael L. Schonberger  Mailing Address 18 E. Newfield Way  City Bala Cynwyd State PA  Full Name of Contributor Edwin J. Mustard, Jr.  Mailing Address 390 Kingswood  City King of Prussia State PA  Full Name of Contributor Bonnie S. Squires | Zip Code (Plus 4) 19004  Zip Code (Plus 4) | 11 MO     | 10<br>DAY 8   | 2003<br>YEAR<br>2003 | \$ 15        | 50.00 |

|   |   |                    |                                |           |               |                      | FAGL |        |
|---|---|--------------------|--------------------------------|-----------|---------------|----------------------|------|--------|
| Full Name of Contri   | butor   |                    |                                |           |               |                      |      |        |
| Lorraine V. Ball  |   |                    |                                | МО        | DAY           | YEAR                 |      |        |
| Mailing Address   | 701 Cricket Ave.                                    |                    |                                |           |               |                      | \$   | 150.00 |
| City Ardmore  |   | State              | Zip Code (Plus 4)              | 11        | 6             | 2003                 |      |        |
|   |   | PA                 | 19003                          |           |               |                      |      |        |
| Full Name of Contri<br>Bayard T. Storey   | butor   |                    |                                | мо        | DAY           | YEAR                 |      |        |
| Mailing Address   | 1919 Brandywine S                                   | t.                 |                                |           |               |                      | \$   | 150.00 |
| <b>City</b> Philadelphia  | a   | State              | Zip Code (Plus 4)              | 11        | 3             | 2003                 |      |        |
| Timadeipine   |   | PA                 | 19130                          |           |               |                      |      |        |
| Full Name of Contri<br>Richard Sheerr   | butor   |                    |                                | МО        | DAY           | YEAR                 |      |        |
| Mailing Address   | 800 Edwin Lane                                      |                    |                                |           |               |                      | \$   | 150.00 |
| City Bryn Mawr  |   | State              | Zip Code (Plus 4)              | 11        | 3             | 2003                 |      |        |
| ,   |   | PA                 | 19010                          |           |               |                      |      |        |
|   |   |                    |                                |           |               |                      |      |        |
| Full Name of Contri<br>Jonathan O. Silberg  |   |                    |                                | МО        | DAY           | YEAR                 |      |        |
|   |   |                    |                                | МО        | DAY           | YEAR                 | \$   | 150.00 |
| Jonathan O. Silberg   | g<br>121 N. 3rd St.                                 | State              | Zip Code (Plus 4)              | <b>MO</b> | <b>DAY</b> 31 | <b>YEAR</b> 2003     | \$   | 150.00 |
| Jonathan O. Silberg   | g<br>121 N. 3rd St.                                 | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 19106 |           |               |                      | \$   | 150.00 |
| Jonathan O. Silberg   | g 121 N. 3rd St.                                    |                    |                                |           |               |                      | \$   | 150.00 |
| Jonathan O. Silberg  Mailing Address  City Philadelphia  Full Name of Contri  | g 121 N. 3rd St.                                    | РА                 |                                | 10        | DAY           | 2003<br>YEAR         | \$   | 150.00 |
| Jonathan O. Silberg  Mailing Address  City Philadelphia  Full Name of Contri Gretchen H. Burke  Mailing Address   | g<br>121 N. 3rd St.<br>a                            | РА                 |                                | 10        | 31            | 2003                 |      |        |
| Jonathan O. Silberg  Mailing Address  City Philadelphia  Full Name of Contri  Gretchen H. Burke  Mailing Address  | g<br>121 N. 3rd St.<br>a                            | РА                 | 19106                          | 10        | DAY           | 2003<br>YEAR         |      |        |
| Jonathan O. Silberg  Mailing Address  City Philadelphia  Full Name of Contri Gretchen H. Burke  Mailing Address   | 121 N. 3rd St.  a butor  251 Cheswold Lane          | PA                 | 19106  Zip Code (Plus 4)       | 10        | DAY           | 2003<br>YEAR         |      |        |
| Jonathan O. Silberg  Mailing Address  City Philadelphia  Full Name of Contri Gretchen H. Burke  Mailing Address  City Haverford  Full Name of Contri                                    | 121 N. 3rd St.  a butor  251 Cheswold Lane          | PA                 | 19106  Zip Code (Plus 4)       | 10 MO     | 31 DAY  DAY   | 2003  YEAR  2003     |      |        |
| Jonathan O. Silberg  Mailing Address  City Philadelphia  Full Name of Contri Gretchen H. Burke  Mailing Address  City Haverford  Full Name of Contri Joanne K. Olszews                  | 121 N. 3rd St.  a butor  251 Cheswold Lane butor ki | PA                 | 19106  Zip Code (Plus 4)       | 10 MO     | 31<br>DAY     | 2003<br>YEAR<br>2003 | \$   | 200.00 |
| Jonathan O. Silberg  Mailing Address  City Philadelphia  Full Name of Contri Gretchen H. Burke  Mailing Address  City Haverford  Full Name of Contri Joanne K. Olszews  Mailing Address | 121 N. 3rd St.  a butor  251 Cheswold Lane butor ki | State PA           | 19106  Zip Code (Plus 4) 19041 | 10 MO     | 31 DAY  DAY   | 2003  YEAR  2003     | \$   | 200.00 |

|  |                    |                                   |             |     |      | PAGE 9       |
|--|--------------------|-----------------------------------|-------------|-----|------|--------------|
| Full Name of Contributor Phyllis Aaron               |                    |                                   | МО          | DAY | YEAR |              |
| Mailing Address 920 Primrose                         | Lane               |                                   |             |     |      | \$<br>150.00 |
| <b>City</b> Wynnewood                                | State<br>PA        | <b>Zip Code (Plus 4)</b><br>19096 | 10          | 25  | 2003 |              |
| Full Name of Contributor<br>Rhonda Botel             |                    |                                   | МО          | DAY | YEAR |              |
| Mailing Address 728 N. Muhel                         | enberg St.         |                                   |             |     |      | \$<br>150.00 |
| <b>City</b> Allentown                                | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 18104    | 10          | 25  | 2003 |              |
| <b>Full Name of Contributor</b><br>Alixandria Morgan |                    |                                   | МО          | DAY | YEAR |              |
| Mailing Address                                      |                    |                                   |             |     |      | \$<br>250.00 |
| City   | State<br>PA        | Zip Code (Plus 4)                 | 10          | 25  | 2003 |              |
| Full Name of Contributor Constance Williams          |                    |                                   | МО          | DAY | YEAR |              |
| Mailing Address 307 Brentford  City Haverford        | State              | <b>Zip Code (Plus 4)</b> 19041    | 10          | 22  | 2003 | \$<br>150.00 |
| Full Name of Contributor  Daniel C. Valerio, Jr.     |                    |                                   | МО          | DAY | YEAR |              |
| Mailing Address 647 Grove St  City Bridgeport        | State              | Zip Code (Plus 4)                 | 10          | 10  | 2003 | \$<br>150.00 |
| - впадероп   | PA                 | 19405                             |             |     |      |              |
|  |                    |                                   | · · · · · · |     |      | PAGE TOTAL   |

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

**PAGE TOTAL \$** 5,075.00

#### **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 Cano                                | lidate              | Report                            | ing Period |     |      |           |            |
|---|---------------------|-----------------------------------|------------|-----|------|-----------|------------|
| Leach for State Representative                                  |                     | From:                             |            |     | То:  | <u>12</u> | 2/31/2003  |
|   |                     | •                                 | D/         | ATE |      | Α         | MOUNT      |
| Full Name of Contributing Commi                                 | ttee                |                                   | МО         | DAY | YEAR |           |            |
| Mailing Address 800 North Thi                                   | rd Street           |                                   |            |     |      | <b>\$</b> | 500.00     |
| <b>City</b> Harrisburg  | State<br>PA         | <b>Zip Code (Plus 4)</b><br>17102 | 11         | 13  | 2003 | 3         |            |
| Full Name of Contributing Commi PFT Committee to Support Public |                     |                                   | МО         | DAY | YEAR |           |            |
| Mailing Address 1816 Chest                                      | nut Street          |                                   |            |     |      | \$        | 500.00     |
| <b>City</b> Philadelphia  | <b>State</b><br>PA  | <b>Zip Code (Plus 4)</b><br>19103 | 11         | 3   | 2003 | 3         |            |
|   |                     |                                   | -          |     |      |           | PAGE TOTAL |
| Enter Grand Total of Part C on                                  | Schedule I, Detaile | ed Summary Page, Sect             | ion 3.     |     |      | \$        | 1,000.00   |

## 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                |       |     | Reporting Period |            |            |       |       |                   |               |
|--|-------|-----|------------------|------------|------------|-------|-------|-------------------|---------------|
| Leach for State Representative                       |       |     |                  | Fron       | n:         |       | To    | <b>)</b> :        | 12/31/2003    |
|  |       |     |                  |            | D <i>A</i> | ATE   |       |                   | AMOUNT        |
| Full Name of Contributor                             |       |     |                  |            | мо         | DAY   | YEAR  |                   |               |
| Robert Mirak   |       |     |                  |            | МО         | DAT   | IEAR  |                   |               |
| Mailing<br>Address                                   |       |     |                  |            |            |       |       | \$                | 500.00        |
| City   | State | Zip | Code (Plus       | 4)         | 12         | 15    | 2003  |                   |               |
| Employer Name  |       |     |                  | Occupation |            |       |       |                   |               |
| Employer Mailing Address/Principal Place<br>Business |       |     |                  |            | State      |       | Zip C | code (Plus 4)     |               |
| Full Name of Contributor Robert Mirak                |       |     |                  |            | мо         | DAY   | YEAR  |                   |               |
| Mailing<br>Address                                   |       |     |                  |            |            |       |       | \$                | 500.00        |
| City   | State | Zip | Code (Plus       | 4)         | 12         | 15    | 2003  |                   | 300.00        |
| Employer Name  |       |     |                  |            | Occupat    | ion   |       |                   |               |
| Employer Mailing Address/Principal Place<br>Business | e of  |     | City             |            |            | State |       | Zip C             | code (Plus 4) |
| Full Name of Contributor Georgette Ciukurescu        |       |     |                  |            | мо         | DAY   | YEAR  |                   |               |
| Mailing 500 Glenview Rd.                             |       |     |                  |            |            |       |       | \$                | 500.00        |
| City Bryn Mawr                                       | State | Zip | Code (Plus       | 4)         | 11         | 30    | 2003  |                   |               |
|  | PA    | 19  | 010              |            |            |       |       |                   |               |
| Employer Name Self Employed                          |       |     |                  |            | Occupat    | ion   |       |                   |               |
| Employer Mailing Address/Principal Place<br>Business | e of  |     | City             |            | State      |       |       | Zip Code (Plus 4) |               |
| 500 Glenview Rd.                                     |       |     | Bryn Mav         | vr         |            | PA    |       | 190               | 10            |

| Full Name of Contributor Amy Nislow                  |       |  |               | МО                       | DAY         | YEAR    |                   |
|--|-------|--|---------------|--------------------------|-------------|---------|-------------------|
| ·  |       |  |               |                          |             |         | Ц                 |
| Mailing 241 Laurel Lane Address                      |       |  |               |                          |             |         | \$ 500.00         |
| City Haverford                                       | State | Zip  | Code (Plus 4) | 11                       | 7           | 2003    |                   |
|  | PA    | 19   | 041           |                          |             |         |                   |
| Employer Name Self Employed                          |       |  |               | Occupation Businesswoman |             |         |                   |
| Employer Mailing Address/Principal Place<br>Business | e of  |  | City          |                          | State       |         | Zip Code (Plus 4) |
| 241 Laurel Lane                                      |       |  | Haverford     | PA 19041                 |             |         | 19041             |
| Full Name of Contributor                             |       |  |               |                          |             |         | II.               |
| John C. Haas   |       |  |               | МО                       | DAY         | YEAR    |                   |
| Mailing Address 330 N. Spring Mill Rd.               |       |  |               |                          |             |         | \$ 1,000.00       |
| City Villanova                                       | State | Zip  | Code (Plus 4) | 10                       | 30          | 2003    |                   |
|  | PA    | 19   | 085           |                          |             |         |                   |
| Employer Name  |       |  |               | Occupat                  | ion<br>R    | letired |                   |
| mployer Mailing Address/Principal Place of City      |       |  | City          | State Zip Code (Plus     |             |         | Zip Code (Plus 4) |
| Business City  |       |  | ·             |                          |             |         |                   |
| Full Name of Contributor                             |       |  |               | мо                       | DAY         | YEAR    |                   |
| Jay Coen Gilbert                                     |       |  |               | 1-10                     |             |         |                   |
| Mailing 655 Leopard Rd.                              |       |  |               |                          | 25          | 2002    | \$ 1,000.00       |
| <b>City</b> Berwyn                                   | State | Zip  | Code (Plus 4) | 10                       | 25          | 2003    |                   |
|  | PA    | 19   | 312           |                          |             |         |                   |
| Employer Name And One Inc.                           |       |  |               | Occupat                  | i <b>on</b> | CEO     |                   |
| Employer Mailing Address/Principal Place<br>Business | e of  |  | City          | •                        | State       |         | Zip Code (Plus 4) |
| 4 Industrial Blvd.                                   |       |  | Paoli         |                          | PA          |         | 19301             |
| Full Name of Contributor                             |       |  |               | мо                       | DAY         | YEAR    |                   |
| Linda Falcao   |       |  |               |                          |             |         | Ц                 |
| Mailing 238 Harrogate Rd.                            |       |  |               | 10                       | 16          | 2002    | \$ 300.00         |
| <b>City</b> Wynnewood                                | State | Zip  | Code (Plus 4) | 10                       | 16          | 2003    |                   |
|  | PA    | 19   | 096           |                          |             |         |                   |
| Employer Name  |       |  |               | Occupat                  | i <b>on</b> | elf Emp | oloyed            |
|  |       | Employer Mailing Address/Principal Place of City |               |                          |             |         |                   |
|  | e of  |  | City          |                          | State       |         | Zip Code (Plus 4) |
| Employer Mailing Address/Principal Plac<br>Business  | e of  |  | City          |                          | State       |         | Zip Code (Plus 4) |

| Full Name of Contributor David Sonenshein               | мо          | DAY               | YEAR    |       |      |                   |
|---|-------------|-------------------|---------|-------|------|-------------------|
| Mailing 533 Winding Way  City Merion Station            | State<br>PA | Zip Code (Plus 4) | 10      | 15    | 2003 | <b>\$</b> 500.00  |
| Employer Name   |             |                   | Occupat | tion  |      |                   |
| Employer Mailing Address/Principal Place of<br>Business |             | City              |         | State |      | Zip Code (Plus 4) |

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

**PAGE TOTAL \$** 4,800.00

## 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 |                         |                 | Reporting Period |    |     |      |    |           |  |
|---------------------------------------|-------------------------|-----------------|------------------|----|-----|------|----|-----------|--|
|                                       |                         |                 | From:            |    |     | To:  |    |           |  |
|                                       |                         |                 | •                | D  | ATE |      | А  | MOUNT     |  |
| Full Name                             |                         |                 |                  | МО | DAY | YEAR |    |           |  |
| Mailing Address                       |                         |                 |                  |    |     |      | \$ | 0.00      |  |
| City                                  | State                   | Zip Code (      | Plus 4)          |    |     |      |    |           |  |
| Receipt Description                   | •                       | •               |                  | •  |     | •    | •  |           |  |
| Enter Grand Total of Part E o         | on Schedule I. Detailed | l Summary Page  | Section          | 4  |     |      | P/ | AGE TOTAL |  |
|                                       | Juliana 1/ Butanet      | . January rage, |                  | •• |     |      | \$ | 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 for State Representative   | From:            | To:       | 12/31/2003 |  |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR  |                  |           |            |  |  |  |  |  |  |
| TOTAL for the Reporting Pe   | eriod (1)        | <b>\$</b> | 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)        | <b>\$</b> | 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 |          |      |           |            |  |  |
|---------------------------------------|-------------------|-----------------------|------------------|----------|------|-----------|------------|--|--|
| F                                     |                   |                       |                  |          |      | То:       |            |  |  |
|                                       |                   |                       |                  | DATE     |      |           | AMOUNT     |  |  |
| Full Name of Contributor              |                   |                       | МО               | DAY      | YEAR |           |            |  |  |
| Mailing Address                       |                   |                       |                  |          |      | <b>\$</b> | 0.00       |  |  |
| City                                  | State             | Zip Code (Plus 4)     |                  |          |      |           |            |  |  |
| Description of Contribution:          |                   |                       |                  |          |      |           |            |  |  |
| Enter Grand Total of Part F on Sci    | hodulo II. In-Vir | nd Contributions Data | ilad Sum         | mary Pag |      |           | DACE TOTAL |  |  |
| Section 2.                            | iedule II, In-Kin | id Contributions Deta | nieu Sum         | шагу Рас | je,  |           | PAGE TOTAL |  |  |
|                                       |                   |                       |                  |          |      | \$        | 0.00       |  |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate   |        |      | Reporting Period |         |     |   |      |                        |                 |        |  |
|---|--------|------|------------------|---------|-----|---|------|------------------------|-----------------|--------|--|
|   |        |      |                  |         | Fro | From:                                   |      |                        | То:             |        |  |
|   |        |      |                  |         |     |   | DATE |                        |                 | AMOUNT |  |
| Full Name of Contributor  |        |      |                  |         |     | мо                                      | DAY  | YEAR                   |                 |        |  |
| Mailing Address   |        |      |                  |         |     |   |      | \$                     | 0.00            |        |  |
| City  | State  |      | Zip Code(F       | Plus 4) |     |   |      |                        |                 |        |  |
| Employer of Contributor   |        |      |                  |         |     | Occupa                                  | tion |                        |                 |        |  |
| Employer Mailing Address/Principal Pl<br>Business   | ace of | City |                  | State   |     | Zip Code(Plus<br>4) Description of Cont |      |                        | of Contribution |        |  |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. |        |      |                  |         |     |   |      | <b>PAGE TOTAL</b> 0.00 |                 |        |  |

### SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate                    |                              |                   | Reporting Period                        |   |  |            |        |  |  |
|--|------------------------------|-------------------|---|---|--|------------|--------|--|--|
| Leach for State Representative                           |                              |                   | From                                    |   | То:                                      | 12/31/2003 |        |  |  |
|  |                              |                   |   | DATE  |  |            |        |  |  |
| To Whom Paid A Taste of Lower Merion                     |                              |                   |   | DAY   | YEAR                                     |            |        |  |  |
| Mailing Address  |                              |                   | 12                                      | 31  | 2003                                     | \$         | 150.00 |  |  |
| City State Zip Code (Plus 4)                             |                              |                   | Description of Expenditure Contribution |   |  |            |        |  |  |
| To Whom Paid Adjutant Software                           |                              |                   |   | DAY   | YEAR                                     |            |        |  |  |
| Mailing Address 2055 Bond Road                           |                              |                   |   | 30  | 2003                                     | \$         | 120.00 |  |  |
| City DeLand State Zip Code (Plus 4) FL 32720             |                              |                   |   | Description of Expenditure Software Renewal |  |            |        |  |  |
| <b>To Whom Paid</b> Montgomery County COPE               |                              |                   | мо                                      | DAY   | YEAR                                     |            |        |  |  |
| Mailing Address  |                              |                   | 12                                      | 24  | 2003                                     | \$         | 250.00 |  |  |
| City   | State                        | Zip Code (Plus 4) | Description of Expenditure Contribution |   |  |            |        |  |  |
| <b>To Whom Paid</b><br>Jennifer Mann for Auditor General |                              |                   | мо                                      | DAY   | YEAR                                     |            |        |  |  |
| Mailing Address  |                              |                   | 12                                      | 4   | 2003                                     | \$         | 500.00 |  |  |
| City   | City State Zip Code (Plus 4) |                   |   |   | Description of Expenditure  Contribution |            |        |  |  |
| <b>To Whom Paid</b> Upper Merion Football Boosters       |                              |                   | МО                                      | DAY   | YEAR                                     |            |        |  |  |
| Mailing Address  |                              |                   | 11                                      | 19  | 2003                                     | \$         | 325.00 |  |  |
| City   | State                        | Zip Code (Plus 4) | <b>Descrip</b><br>Contrib               | otion of Exp<br>oution                      | penditure                                |            |        |  |  |

|  |                    |                   |   |                                    |  |    | PAGE |                  |
|--|--------------------|-------------------|---|------------------------------------|--|----|------|------------------|
| To Whom Paid United States Postal Service  | мо                 | DAY               | YEAR                                      |                                    |  |    |      |                  |
| Mailing Address  |                    |                   | 10  | 14                                 | 2003   | \$ |      | 272.82           |
| City State Zip Code (Plus 4)   |                    |                   |   | Description of Expenditure Postage |  |    |      |                  |
| <b>To Whom Paid</b><br>Kennedy Printing  | мо                 | DAY               | YEAR                                      |                                    |  |    |      |                  |
| Mailing Address  |                    |                   | 10  | 10                                 | 2003   | \$ |      | 1,095.68         |
| City State Zip Code (Plus 4)   |                    |                   | Description of Expenditure Printing       |                                    |  |    |      |                  |
| To Whom Paid House Democratic Campaign Committee   |                    |                   |   | DAY                                | YEAR   |    |      |                  |
| Mailing Address  |                    |                   | 9   | 24                                 | 2003   | \$ |      | 250.00           |
| City State Zip Code (Plus 4)   |                    |                   | <b>Descrip</b><br>Contrib                 | otion of Exp<br>ution              | enditure   |    |      |                  |
| To Whom Paid  AARP   |                    |                   |   |                                    |  |    |      |                  |
|  |                    | 1                 | мо  | DAY                                | YEAR   |    |      |                  |
|  |                    |                   | <b>MO</b> 9                               | <b>DAY</b> 22                      | <b>YEAR</b> 2003                                   | \$ |      | 180.00           |
| AARP   | <b>State</b><br>PA | Zip Code (Plus 4) | 9   | 22<br>otion of Exp                 | 2003   |    |      | 180.00           |
| AARP  Mailing Address  |                    | Zip Code (Plus 4) | 9<br><b>Descrip</b>                       | 22<br>otion of Exp                 | 2003   |    |      | 180.00           |
| AARP  Mailing Address  City  To Whom Paid  | PA                 | Zip Code (Plus 4) | 9<br><b>Descrip</b><br>Adverti            | 22<br>Pition of Exp<br>sing        | 2003<br>penditure                                  |    |      | 180.00<br>485.00 |
| Mailing Address  City  To Whom Paid Sara Moskowitz   | PA                 | Zip Code (Plus 4) | 9  Descrip Adverti                        | 22  Ition of Exprising  DAY        | 2003  penditure  YEAR  2003  penditure             | \$ |      |                  |
| Mailing Address  City  To Whom Paid Sara Moskowitz  Mailing Address 419 Alderbrook Driv                          | PA Te State        |                   | 9  Descrip Adverti                        | 22  Intion of Exprising  DAY  17   | 2003  penditure  YEAR  2003  penditure             | \$ |      |                  |
| Mailing Address  City  To Whom Paid Sara Moskowitz  Mailing Address 419 Alderbrook Driv City Wayne  To Whom Paid | PA Te State        |                   | 9  Descrip Adverti  MO  1  Descrip Reimbu | DAY  17  btion of Expansion        | 2003  Penditure  YEAR  2003  Penditure  or Caterin | \$ |      |                  |

| To Whom Paid TOP GUNS CORPORATE PHOTOGRAPHY                             |                          |                   |                           | DAY                    | YEAR      |                |
|---|--------------------------|-------------------|---------------------------|------------------------|-----------|----------------|
| Mailing Address 435 Haverford Rd.                                       |                          |                   |                           | 9                      | 2003      | \$<br>222.50   |
| <b>City</b> Wynnewood   | <b>Descrip</b><br>Photog | otion of Exp      | penditure                 |                        |           |                |
| To Whom Paid Carl R. Bieber Tourways                                    |                          |                   | мо                        | DAY                    | YEAR      |                |
| Mailing Address   | Mailing Address          |                   |                           | 7                      | 2003      | \$<br>784.60   |
| City  | State                    | Zip Code (Plus 4) | <b>Descrip</b><br>Event E | otion of Exp<br>Busing | penditure |                |
| Enter Grand Total of Evnanditures on Page 1 Penert Cover Page Item D    |                          |                   |                           |                        |           | PAGE TOTAL     |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |                          |                   | •                         |                        |           | \$<br>5,165.07 |