Campaign Finance Report

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

									_	_						
Filer Identificat Number :	ion	20012	257			Repor Filed		CANDI	DATE	СОМ	MITTEE	\checkmark	LOBI	BYIST		
Name of Filing O	Committee	, Candida	ate or L	obbyist:		Leach f	or Sta	te Repre	sentativ	e		-				
Street Address:	PO BC	OX 60178	3													
City:	KING	OF PRUS	SIA					State:	PA		Zip Co	Zip Code: 19406				
TYPE OF REPORT	6TH TUESI PRE-PRIM		1.	2ND FRI PRIMARY	DAY PRE	- 2.	30 DA PRIMA		POST- 3.		AMENDMENT REPORT?		Yes	No	\checkmark	
(place X to the right of	6TH TUESI PRE-ELECT		4.	2ND FRI ELECTIO	DAY PRI N	E- 5.	5. 30 DAY POST- 6. ELECTION				TERMIN REPORT		Yes	No	$\mathbf{>}$	
report type)	ANNUAL	REPORT	7. X	Year 200	04			NG METHO CHECK O			PAPER		\checkmark	DISKE	TTE	
Name of Office S	Sought by	Candidat	:e:			₽		DATE O	F ELEC	TION	District Number		Par	ty Code	County Code	
								мо	DAY	YEAR		STH	DEN	1	46	
REPRESENTAT		E GENER	AL ASS	DEMBLY				11	2	2 2004		(SEE INS	STRUCTI	ONS FOR	CODES)	
Summary of		and	мо	DAY	YEAF			мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY		
Expenditures	s from:			1	1	1	ГО	12	31	1 2004						
A. Amount Bro	ught Forw	ard From	n Last R	leport			\$			1,101.12						
B. Total Monet	ary Contri	butions A	And Rec	ceipts (Fr	om Sche	edule I)	\$			150.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)			\$			1,251.12						
D. Total Expen	ditures (Fi	rom Sche	edule II	II)			\$			1,098.56						
E. Ending Cash	n Balance (Subtract	Line D	From Lin	e C)		\$			152.56	4					
F. Value Of In-	Kind Cont	ributions	Receiv	ed (From	Schedu	le II)	\$			0.00	4					
G. Unpaid Deb	ts And Obl	igations	(From S	Schedule	IV)		\$			0.00						
					AFF	IDAV	IT SE	CTION								
PART I - If this i	s a Commi	ttee repo	ort, trea	asurer sig	n here.	If this i	s a Cai	ndidate re	eport, ca	ndidate si	gn here.					
I swear (or affirm correct and compl		eport, inclu	uding the	e attached	schedule	s filed or	paper	or by elect	ronic med	lium, are to	the best o	of my knov	vledge	and beli	ef , true	
Sworn to and subs	scribed befo	re me this		20						Signatur	e of Perso	on Submitt	ing Rep	oort		
							_				Prir	nted Name				
My Commission E	xpires	Signatur	e								Ema					
	-	10	D	AY	YR		_		Area	Code		ne Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authoriz	ed Comr	nittee, (Candid	ate shall	sian her	e.						
I swear (or affirm) No 320) as amend) that to the								-		sions of th	ie act of Ju	ine 3,1	937 (P.L	1333,	
Sworn to and subso	cribed before	e me this								S	Signature	of Candida	ite			
	day of						_									
		ianatura					_				Printo	ed Name				
My Commission Exp		ignature									Ema	ail				
		мо	D	ΑΥ	YF	ł	-		Area Co	ode	D	aytime Te	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: To: Leach for State Representative <u>12/31/2004</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 150.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 0.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 150.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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	Name of Filing Committee or Candidate			porting I	Period			
			Fre	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

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

0.00

\$

PART B 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		Rep	orting P	eriod				
			Fro	m:		Τα):		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							
								PAGE TOTAL	
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	<u>.</u>		\$	0.00	

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

PART D ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of

over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

PART E **OTHER RECEIPTS**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC. Use this Part to report refunds received, interest earned, returned checks and

prior expenditures that were returned to the filer.

Name of Filing Committee or C	andidate		Report	ting Perio	bd					
				From: To				:		
			I	D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR				
Mailing Address							\$	i	0.00	
City	State	Zip Code (Plus 4)							
Receipt Description	I				1					
Enter Grand Total of Part E o	- Schadula I. Datailac	l Summary Page	Section	4				PAGE TOT	AL	
	i Schedule 1, Detailet	summary raye,	Section				\$		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:	То:	<u>12/31/2004</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g Period			
	Fr					То:	
				DATE		АМО	UNT
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	oorting P	eriod				
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(P	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City Stat Business			State		Zip 4)	Code(Plus	Descri	ption of	Contribution	

Enter Grand Total of Part G on Schedule II, In-	Kind Contributic	ons Detailed	PAGE TOTAL
Summary Page, Section 3.			0.00
			1

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candida	ite		Reporti	ng Period			
Leach for State Representative			From			То:	<u>12/31/2004</u>
				DATE		AMOUNT	
To Whom Paid Upper Merion Baseball Booster Club			мо	DAY	YEAR		
Mailing Address Unknown			11	23	2004	\$	50.00
City King of Prussia State Zip Code (Plus 4) PA 19406				Description of Expenditure contribution			
To Whom Paid Werner Coach			мо	DAY	YEAR		
Mailing Address 144 Chester Ave.			11	23	2004	\$	814.00
City Phoenixville	State PA	Zip Code (Plus 4) 19460		stion of Exp Services	penditure	1	
To Whom Paid AT&T			мо	DAY	YEAR		
Mailing Address PO Box 8212			12	15	2004	\$	72.00
City Aurora	State IL	Zip Code (Plus 4) 60572	Descrip Telepho	otion of Exp	penditure		
To Whom Paid Comcast			мо	DAY	YEAR		
Mailing Address PO Box 3005			12	15	2004	\$	162.56
CitySoutheasternStateZip Code (Plus 4)PA19398				Services	penditure		
Enter Grand Total of Expenditure	nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D						PAGE TOTAL
						\$	1,098.56