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 200	1257			Rep File			CAND	ANDIDATE COMMITTEE V LOBBYIST								
Name of Filing C	ommittee, Candid	late or L	obbyist:		Day	lin L	.each	for State	e Repre	esent	ative						
Street Address:	PO BOX 6017	78															
City:	KING OF PRU	SSIA						State:	PA			Zip Cod	de: 19	9406			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE- PRIMARY 2. 30 DAY PRIMARY				POST-	3.		AMENDM REPORT		Yes	No				
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	Ē- 5	5. X	30 DA		POST-	6.		TERMINA REPORT		Yes	No		\
report type)	ANNUAL REPORT	7.	Year 2006					ING METHOD PAPER) CHECK ONE						/	DISKE	TTE	
Name of Office S	- Sought by Candida	ite:			_			DATE C)F ELE	CTIC	N	District Number	Office Code	Pai	rty Code	Coun	
								МО	DAY	YI	AR		10000				
								11		7	2006		(SEE IN	STRUCTI	ONS FOR	CODES)
	Receipts and	МО	DAY	YEAR	}			МО	DAY YEAR FOR OFFICE USE ONLY								
Expenditures	trom:		1 1		1	Т	0	10)	23	2006						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			26,9	908.63						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$				310.00						
C. Total Funds Available (Sum Of Lines A and B)					\$			27,2	218.63								
D. Total Expenditures (From Schedule III) \$ 0.00																	
E. Ending Cash Balance (Subtract Line D From Line C)					\$			27,2	18.63								
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sc	hedu	le II	()	\$		0.00								
G. Unpaid Debt	s And Obligations	(From S	Schedule IV))			\$				0.00			•			
				AFF	IDA	١٧٢	ΓSE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere.	If thi	is is	a Car	ndidate r	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple	that this report, incete.	luding the	attached sch	edules	s filed	d on	paper (or by elect	tronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , tr	ue <u>.</u>
Sworn to and subs	cribed before me th day of	s	20							9	ignature	of Perso	n Submit	ting Re	port		
	Signate	ıre	_				-					Prin	ted Name	e			
My Commission Ex	cpires						_					Ema	il				_
	мо	D	AY	YR					Ar	ea Cod	le	Daytim	e Teleph	none Nu	ımber		
Part II- If this is	a report of a can	didate's	authorized (Comn	nitte	e, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belie	f this	polit	tical	comm	ittee has r	not viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this		20								S	ignature o	of Candid	ate			-
	day of		_ 20				_					Printe	d Name				-
Mu Committee:	Signature						-					Ema	il				_
My Commission Exp	ires						_										_
	МО	D	AY	YR			-		Area	Code		Da	aytime T	elephor	ne Numb	er	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
Daylin Leach for State Representative	From:	То:	10/23/2006
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			
TOTAL for the Reporting	g Period (1)	\$	310.00
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)	\$	0.00	
TOTAL for the Reporting	\$	0.00	
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)		\$	0.00
TOTAL for the Reporting	Period (3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)			
TOTAL for the Reporting	g Period (4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa		\$	310.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu									
Name of Filing Committee or Candidate			Re	Reporting Period						
		From: To			То	ɔ :				
		<u> </u>			DATE			AMOUNT		
Full Name of Contributi	ing Committee			МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)							
	•	·			•	•	$\overline{}$	DACE TOTAL		

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

PAGE TOTAL\$ 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 of Candidate				Reporting Period From: To:					
			l		DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							

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

PAGE TOTAL \$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 Candidate			Reporting Period							
			From:			То:				
				DATE				AMOUNT		
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.)

Reporting Period					
NT					
0.00					
Occupation					
us 4)					
TOTAL 0.00					

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 Ca	Name of Filing Committee or Candidate			Reporting Period						
			From:			To:				
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)							
Receipt Description										
Enter Grand Total of Part E on	Schedule I. Detailed	d Summary Page.	Section	4.				PAGE TOTAL		
			22300				\$	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								
Daylin Leach for State Representative	From:	To:	10/23/2006						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T 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						
			From:			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 Sun	ımary Pa	ge,		PAGE TOTAL			
Section 2.						\$	0.00			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate				Re	Reporting Period					
					Fro	om:	To:	То:			
						DATE AMOU				AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State	Zip Code(Plus 4)									
Employer of Contributor			•			Occupa	ation				
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Description of Contribution			
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Det				taile	led PAGE TO			PAGE TOTAL 0.00			
Summary Page, Section 3.										0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Reporting Period						
	From		То:				
				DATE			AMOUNT
To Whom Paid	мо	DAY	YEAR				
Mailing Address			\$				0.00
City	State	Zip Code (Plus 4)	Description of Expenditure				
							PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item						\$	0.00