

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Richard W. Orloff						
STREET ADDRESS 178 Redwood Dr.						
CITY Quakertown		STATE PA	ZIP CODE 18951-0622			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE Richland Township Supervisor	DISTRICT NO.	PARTY Rep	DATE OF ELECTION		
				NO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	1.			5	15	07
2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>					
30 DAY POST-PRIMARY	3.					
6TH TUESDAY PRE-ELECTION	4.					
2ND FRIDAY PRE-ELECTION	5.					
30 DAY POST-ELECTION	6.					
ANNUAL REPORT	7.					
DATES OF REPORTING PERIOD		MO. DAY YEAR		MO. DAY YEAR		
		1 1 07		4 30 07		
CASH BALANCE AT END OF REPORTING PERIOD:		\$		0		
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		0		
AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>			
TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>			
				FOR OFFICE USE ONLY		
				07 MAY - 4 AM 10:15		COUNTY OF BUCKS BOARD OF ELECTIONS

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

____ DAY OF _____ 20__

SIGNATURE

PRINTED NAME

MY COMMISSION EXPIRES _____ MO. DAY YR.

AREA CODE

DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

30th DAY OF April 2007

SIGNATURE

PRINTED NAME

AREA CODE

DAYTIME TELEPHONE NUMBER

Richard W. Orloff
SIGNATURE OF CANDIDATE

Richard W. Orloff
PRINTED NAME

(215) 538-1945
AREA CODE DAYTIME TELEPHONE NUMBER

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <u>Rick Onloff for S-prov</u>	Reporting Period From <u>1-1-07</u> To <u>4-30-07</u>
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To Whom Paid <u>Q&S Return 2007</u>	MO. <u>4</u>	DAY <u>25</u>	YEAR <u>07</u>	Amount <u>\$ 100.00</u>
Mailing Address <u>PO Box 681</u>		Description of Expenditure <u>Donation</u>		
City <u>Ricklandtown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>19955</u>		

To Whom Paid <u>Keystone Leadership</u>	MO.	DAY	YEAR	Amount <u>\$ 150.00</u>
Mailing Address <u>Northampton County Club</u>		Description of Expenditure		
City <u>Ricklandtown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>19954</u>		

To Whom Paid <u>James R Smith</u>	MO.	DAY	YEAR	Amount <u>\$ 160.00</u>
Mailing Address <u>611 Peetzee Road</u>		Description of Expenditure <u>Website</u>		
City <u>Quakertown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>19951</u>		

To Whom Paid	MO.	DAY	YEAR	Amount <u>\$</u>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <u>-</u>		

To Whom Paid	MO.	DAY	YEAR	Amount <u>\$</u>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <u>-</u>		

To Whom Paid	MO.	DAY	YEAR	Amount <u>\$</u>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <u>-</u>		

To Whom Paid	MO.	DAY	YEAR	Amount <u>\$</u>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <u>-</u>		

To Whom Paid	MO.	DAY	YEAR	Amount <u>\$</u>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <u>-</u>		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 416.00