

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

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

Filer Identification Number: <input type="checkbox"/>	Report Filed By: <input type="checkbox"/>	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE ² <input type="checkbox"/>	LOBBYIST ³ <input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Will Holt</i>				
Street Address: <i>PO Box 483</i>				
City: <i>Willow Grove</i>		State: <i>PA</i>	Zip Code: <i>19090</i>	

TYPE OF REPORT (place X to the right of report type)	1. 5TH TUESDAY PRE-PRIMARY	2. 2ND FRIDAY PRE-PRIMARY	3. 30 DAY POST PRIMARY	AMENDMENT REPORT?	YES	NO
	4. 6TH TUESDAY PRE-ELECTION	5. 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/>	6. 30 DAY POST ELECTION	TERMINATION REPORT?	YES	NO
	7. ANNUAL REPORT	YEAR	FILING METHOD () CHECK ONE <input type="checkbox"/>	PAPER	DISKETTE	

Name of Office Sought by Candidate: <i>Sheriff of Montgomery County</i>	DATE OF ELECTION	District Number	Office Code	Party Code	County Code
	MO. DAY YEAR <i>5 17 2011</i>	<i>46</i>	<i>OTH</i>	<i>Dem</i>	<i>Dem</i>
(SEE INSTRUCTIONS FOR CODES)					

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR
	<i>2</i>	<i>10</i>	<i>2011</i>		<i>5</i>	<i>2</i>	<i>2011</i>
A. Amount Brought Forward From Last Report	\$		<i>0</i>				
B. Total Monetary Contributions and Receipts (From Schedule I)	\$		<i>0</i>				
C. Total Funds Available (Sum of Lines A and B)	\$		<i>0</i>				
D. Total Expenditures (From Schedule III)	\$		<i>0</i>				
E. Ending Cash Balance (Subtract Line D from Line C)	\$		<i>0</i>				
F. Value of In-Kind Contributions Received (From Schedule II)	\$		<i>0</i>				
G. Unpaid Debts and Obligations (From Schedule IV)	\$		<i>0</i>				

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OFFICE OF VOTER SERVICES
MONTG CO PA

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20____

Signature _____

My commission expires MO. _____ DAY _____ YR. _____

Signature of Person Submitting Report _____

Printed Name _____

Area Code _____ Daytime Telephone Number _____

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall 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 4th day of May 2011

Signature *Shirley J. Pollock*

Signature of Candidate *William A. Holt, Jr.*

Printed Name **WILLIAM A. HOLT, JR.**

Area Code 267 Daytime Telephone Number 228-9799

COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Shirley J. Pollock / Notary Public
 Upper Merion Twp., Montgomery County
 My Commission Expires Oct. 22, 2013

Department of State • Bureau of Commissions, Elections and Legislation
 Member, Pennsylvania Association of Notaries • Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Will HoH</i>	Reporting Period From <i>2/10/11</i> To <i>5/2/11</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>0</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <i>0</i>
All Other Contributions (Part B)	\$ <i>0</i>
TOTAL for the Reporting Period	(2) \$ <i>0.00</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <i>0</i>
All Other Contributions (Part D)	\$ <i>0</i>
TOTAL for the Reporting Period	(3) \$ <i>0.00</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ <i>0.00</i>

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ <i>0.00</i>
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