

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 ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}	
Name of Filing Committee, Candidate or Lobbyist: <u>Friends of Will Holt</u>									
Street Address: <u>PO Box 483</u>									
City: <u>Willow Grove</u>					State: <u>PA</u>		Zip Code: <u>19090</u>		
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR		FILING METHOD (CHECK ONE)		PAPER	<input checked="" type="checkbox"/>	DISKETTE

Name of Office Sought by Candidate: <u>Sheriff of Montgomery County</u>				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR		MO.	DAY	YEAR	<u>46</u>	<u>OTH</u>	<u>DEM</u>	<u>DEM</u>
<u>11</u>	<u>8</u>	<u>2011</u>		<u>11</u>	<u>8</u>	<u>2011</u>				
(SEE INSTRUCTIONS FOR CODES)										

Summary of Receipts and Expenditures from:		MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY		
		<u>5</u>	<u>3</u>	<u>2011</u>		<u>6</u>	<u>6</u>	<u>2011</u>	RECEIVED 2011 JUN -8 P 2:24 OFFICE OF VOTER SERVICES MONTG. CO. PA		
A. Amount Brought Forward From Last Report				\$	<u>1999.45</u>						
B. Total Monetary Contributions and Receipts (From Schedule I)				\$	<u>1325.00</u>						
C. Total Funds Available (Sum of Lines A and B)				\$	<u>3324.45</u>						
D. Total Expenditures (From Schedule III)				\$	<u>183.75</u>						
E. Ending Cash Balance (Subtract Line D from Line C)				\$	<u>3,140.70</u>						
F. Value of In-Kind Contributions Received (From Schedule II)				\$	<u>0.00</u>						
G. Unpaid Debts and Obligations (From Schedule IV)				\$	<u>0.00</u>						

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 June day of June 20 11

Signature: [Signature]

Signature of Person Submitting Report: Paula Mason
 Printed Name: Paula MASON
 Area Code: 215 Daytime Telephone Number: 657-3076

My commission expires June 26 2013

UPPER MORELAND TWP, MONTGOMERY CNTY, PA

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 June day of June 20 11

Signature: [Signature]

Signature of Candidate: William A. Holt Jr
 Printed Name: William A. Holt Jr
 Area Code: 267 Daytime Telephone Number: 228-9799

My commission expires June 26 2013

UPPER MORELAND TWP, MONTGOMERY CNTY, PA

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Will Holt</i>	Reporting Period From <i>5/3/11</i> To <i>6/6/11</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>125.00</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>700.00</i>
TOTAL for the Reporting Period	(2) \$ <i>700.00</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>500.00</i>
TOTAL for the Reporting Period	(3) \$ <i>500.00</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ <i>0</i>

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (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>1,325.00</i>
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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 Candidate <i>Friends of Will Hott</i>	Reporting Period From <u>5/3/11</u> To <u>6/6/11</u>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$

NONE

PAGE TOTAL
\$ 0

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

**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 Candidate Friends of Will Holt	Reporting Period From 5/3/11 To 6/6/11 p.m.
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Winstead Landscaping	5	5	2011	\$ 100.00
Mailing Address 2553 Pierce Avenue	MO.	DAY	YEAR	\$
City Willow Grove State PA Zip Code (Plus 4) 19090 -	MO.	DAY	YEAR	\$
CHD Partners	5	5	2011	\$ 200.00
Mailing Address 2200 East Avenue	MO.	DAY	YEAR	\$
City Philadelphia State PA Zip Code (Plus 4) 19124 -	MO.	DAY	YEAR	\$
Derek S. Green	5	5	2011	\$ 100.00
Mailing Address 7151 Boyer Street	MO.	DAY	YEAR	\$
City Philadelphia State PA Zip Code (Plus 4) 19119 -	MO.	DAY	YEAR	\$
Chun Ryu, Inc	5	25	2011	\$ 100.00
Mailing Address 1515 Old York Rd	MO.	DAY	YEAR	\$
City Abington State PA Zip Code (Plus 4) 19001 -	MO.	DAY	YEAR	\$
Priscilla Jappy	5	25	2011	\$ 100.00
Mailing Address 2384 Forest Glen Rd	MO.	DAY	YEAR	\$
City Warrington State PA Zip Code (Plus 4) 18976 -	MO.	DAY	YEAR	\$
Aronzo P. McDuffie	5	25	2011	\$ 100.00
Mailing Address 2528 Rubicam Avenue	MO.	DAY	YEAR	\$
City Willow Grove State PA Zip Code (Plus 4) 19090 -	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$

PAGE TOTAL
\$ 700.00

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

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 over \$250.00 in the reporting period.

Name of Filing Committee or Candidate <i>Friends of Will Holt</i>	Reporting Period From <i>5/3/11</i> To <i>6/6/11</i>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	<i>NONE</i>
City State Zip Code (Plus 4)	MO.	DAY	YEAR	
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$

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

PAGE TOTAL \$ <i>0</i>

**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 <i>Friends of Will Holt</i>	Reporting Period From <i>5/3/11</i> To <i>6/6/11</i>
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				DATE	AMOUNT
Full Name of Contributor	MO.	DAY	YEAR		\$
<i>Robert O. Merritt Sr</i>	<i>5</i>	<i>5</i>	<i>2011</i>		<i>500.00</i>
Mailing Address <i>8811 Patton Rd</i>	MO.	DAY	YEAR		\$
City <i>Wyndmoor</i>	MO.	DAY	YEAR		\$
State <i>PA</i>					
Zip Code (Plus 4) <i>19038 -</i>					
Employer Name <i>Self</i>	Occupation <i>Real Estate</i>				
Employer Mailing Address/Principal Place of Business <i>Same</i>					
Full Name of Contributor	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					
Zip Code (Plus 4)					
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					

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

PAGE TOTAL
\$ *500.00*

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 Candidate <i>Friends of Will Holt</i>	Reporting Period From <i>5/3/11</i> To <i>6/6/11</i>
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Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$ <i>NONE</i>
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL \$ <i>Ø</i>

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 <i>Friends of Will Holt</i>	Reporting Period From <i>5/3/11</i> To <i>6/6/11</i>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>∅</i>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period	(2) \$ <i>∅</i>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period	(3) \$ <i>∅</i>

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$ <i>∅</i>
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**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED**
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>Friends of Will Holt</i>	Reporting Period From <u>5/3/11</u> To <u>6/6/11</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Full Name of Contributor							NONE
Mailing Address							
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 0.00

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

Name of Filing Committee or Candidate <u>Friends of Will Hoh</u>	Reporting Period From <u>5/3/11</u> To <u>6/6/11</u>
---	---

				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
							\$
							\$
							\$
				Occupation			
				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
							\$
							\$
							\$
				Occupation			
				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
							\$
							\$
							\$
				Occupation			
				Description of Contribution			
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
							\$
							\$
							\$
				Occupation			
				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate Friends of Will Holt	Reporting Period From <u>5/3/11</u> To <u>6/6/11</u>
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To Whom Paid Cheltenham Democratic Committee	MO. 5	DAY 5	YEAR 2011	Amount \$ 90.00
Mailing Address 209 Frenbrook Avenue				
Description of Expenditure				
City Wyncote	State PA	Zip Code (Plus 4) 19085-		
To Whom Paid Democratic Committee - Lower Merion	MO.	DAY	YEAR	Amount \$ 31.25
Mailing Address 24 West Lancaster Avenue				
Description of Expenditure				
City Ardmore	State PA	Zip Code (Plus 4) 19003-		
To Whom Paid Cheltenham Democratic Committee	MO.	DAY	YEAR	Amount \$ 62.50
Mailing Address 209 Frenbrook Avenue				
Description of Expenditure				
City Wyncote	State PA	Zip Code (Plus 4) 19085		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) -		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) -		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) -		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4) -		

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

PAGE TOTAL
\$ 183.75

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to Itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate Friends of Will Holt	Reporting Period From <u>5/3/11</u> To <u>6/6/11</u>
--	---

Name of Creditor				Outstanding Balance of Debt \$ NONE		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				

Description of Debt				Outstanding Balance of Debt \$		
Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				

Description of Debt				Outstanding Balance of Debt \$		
Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				

Description of Debt				Outstanding Balance of Debt \$		
Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				

Description of Debt				Outstanding Balance of Debt \$		
Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				

Description of Debt				Outstanding Balance of Debt \$		
Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ 0
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