Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF

(COVER PAGE)

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

Filer Identification Number:	Report Filed By:		CANDIDATE	1.	COMM	TTEE	X	OBBYIST	3.
Name of Filing Committee, Candidate or Lobbyist: HYPENAS OF WITHOH									
Street Address DX 483									
city: Willow Grave			State: PH		Zip Cod	109C) _		
TYPE OF 6TH TUESDAY 246 FRI REPORT PRE-PRIMARY PRE-PRI			DAY ST PRIMARY	3.	AMENDN REPORT?	Markey or the	YES	NO	4
6TH TUESDAY 4. 2ND FRI PRE-ELECTION PRE-ELE	.22	N. W. C. 3.2	DAY ST ELECTION	X	TERMINA REPORT?		YES	NO	
(place X to the right of report type) ANNUAL 7. YEAR REPORT			IG METHOD CHECK ONE		PAPE		Χľ	NSKETTI	
Name of Office Sought by Candidate:	<u></u>	M	ATE OF ELEC		District Number	Offic	C	ode	Code
Sheriff of Montgomeny	COUNTY	/	1182	7) [46	071		E/N 1	EM
Sherring			7100	<i></i>	ik ja		-	SE ONLY	
Summary of Receipts Mo. DAY 10 25 and Expenditures from:	WEAR TO	, M	1 30 20	011					
A. Amount Brought Forward From Last Report	\$	1.4	109.48	3	7. =		22		
B. Total Monetary Contributions and Receipts (From S	chedule I) \$	1/ (775.0C)) 330	퓕	
C. Total Funds Available (Sum of Lines A and B)	\$	2	384.4	8		· . · · .	ì	\cap	
D. Total Expenditures (From Schedule III)	\$		765.2	0					
E. Ending Cash Balance (Subtract Line D from Line C)	\$	Ó	1119.2	8			حر ق	\exists	
F. Value of In-Kind Contributions Received (From Sci	hedule (!) \$		0.00				رن دن		
G. Unpaid Debts and Obligations (From Schedule IV)	ş		0.00		V		ړ ل		13
PART I - If this is a Committee cannot to exceed	AFFIDAVIT S)N Candidate rep	ort, c	endidate.	sign he	f a		34
I swear (or affirm) that this report, including the attached sc	hedules, on peper	or co	nputer diskette,	are to	he best o	fmykn	owledge	and belie	true,
Notary Public	MEDY CUTY		,	/)	0	~ A	.	_	
Sworn to and subscribed before me this LAND TWP, MONTGO	26 ₀ 2013		/	ЦШ	la	<u> 1 Y/C</u>	<u>XX</u>	W	
Malle			Sig	ZZZ	f Person !	17777		W	
Signature	<u> </u>		718		Printed Na	eme	7 - 2/	17/	
My commission expires MO. DAY YR			Area Code		- 4	Daytima	Talephor	ne Number	
PART II - If this is a report of a Candidate's Author	izisa eommiti	tee, c	ndidate shall s	signi he					AT STATE
I swear (or affirm) that to the best of my lateral and or	AL SEAL	COMM	ttee has not vic	olated a	ny provisi	ons of 1	ha Acto	of June 3,	1937
KYLIE	WADE		1.11	1		11	. 0	·a /	
day of \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Public PZMONTGOMERY	CNTY	Melle	e con	ature of C	<u>- H</u>	3-C	1/	
My Commission E	cpires Jun 26, 70	13	MIAM		10	27	JK	>	
Signature	012		15		Printed N	5 ² 7	12	81	
My commission explose MO. DAY VE	ا سند	_	Area Code			Daytime	Telepho	ne Numbe	anne commente de distriction

Department of State ● Bureau of Commissions, Elections and Legislation 210 North Office Building ● Harrisburg, PA 17120-0029 ● (717) 787-5280

SCHEDULE I

PAGE 2 OF _ /2

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page				
Name of Filing Committee or Candidate Friends of Will HOH	Reporting Peri	125	6/11 to 11/30/11	1
UNITERIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	'RIBL	ITOR	
TOTAL for the Reporting Period	d (1)	\$	100.00	
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	B)			22
Contributions Received from Political Committees (Part A)		\$	0.00	
All Other Contributions (Part B)		\$	400.00	
TOTAL for the Reporting Period	j (2)	\$	400.00	***************************************
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	the state of the s			ř
Contributions Received from Political Committees (Part C)		\$	0.00	
All Other Contributions (Part D)		\$	475.00	
TOTAL for the Reporting Period	d (3)	\$	475.00	
				all II
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CH				Princi Princi
TOTAL for the Reporting Period	1 (4)	\$	0.00	
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		\$	975.00	

A STATE OF THE STA

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.

Friends of Will A	10H		He	porting From	10/25	111 to 11/30/11
				DATE		AMOUNT
Full Name of Contributing Committee	.0	un alternation	MO.	DAY	YEAR	* NONE
Mailing Address	U		MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)	1	DAN 2		\$
	0.5(0	- TIP 0000 (1 100 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			мо.	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	\$
			wig,	UA I	TEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DÀY	YEAR	*
			,,,,,,			\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	<u> </u>
		**				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			. MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MD.	DAY	YEAR	
		***				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address		<u> </u>	MO.	DAY	YEAR	\$
N.A.	State	Zip Code (Plus 4)	1			3
City	3.8.6	-	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	5672-15:48	\$
Mailing Address			· Mo.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
						PAGE TOTAL
Enter Grand Total of Part A on S	chedule I,	Detailed Summar	y Page,	Sectio	n 2.	* NONE
						700700

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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	11		R	eporting	Period	111	11/27/11
Friends of Will Ho	 				שטושט	<u> </u>	To 11/30/11
Full Naha of Cassitutes			iie:.aa.aa	DATE			AMOUNT
Full Maine of Contributor ASSOM			10	DAY DAY	YEAR	\$	100:00
Mailing Address Parfield Avenue	,		Mo.	DAY	YEAR	\$	
and Ardslay	\$24°	Zio Code (Plus 4)	∴ MO.≟	DAY	YEAR	\$	
Full home of contribute freen			MO.	DAY	YEAR	\$	200:00
Mailing Address SW Coronty Rd	15	8	Mo.	DAY	YEAR	\$	<u> </u>
City Tacing	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Juspes	FL	3252-	ļ			\$	
Full Name of Contributor CT. HESTO	er		мо. 10	15	YEAR //	\$	100.00
Mailing Address Brentway Dr	^		MO.	DAY	YEAR	\$	
Willow Grace	Sinis	Zip Code (Plus 4) 19090 -	М0.	DAY	YEAR	\$	
Full Name of Contributor	1.	, , - , -	MO	DAY	YEAR	\$	
Mailing Address			Mo.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		HATTAN
Full Name of Contributor			MO	DAY	YEAR	\$	
			WO.		, rean	\$	
Meiling Address			МО.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MÖ.	DAY	YEAR	\$	
Full Name of Contributor	<u> </u>		MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR		
Full Name of Contributor		-	Mo.	DAY	YEAR	\$	
						\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	≅åMo. ≡	DAY	YEAR	\$	
Full Name of Contributor	·•····································		мо.	DAY	YEAR	\$	
Mailing Address			Mo.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	\$	
				<u> </u>	<u> </u>		SE TOTAL
Enter Grand Total of Part B on Sched	dule i,	Detailed Summar	y Page,	Section	n 2.	\$	400,00
DSEB-502 (7-99)							75070

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	11 11		F	Reporting	Period	1 (2)
Friends of Will A	HOIT			From _	10/25	5/11 to 11/30/11
				DATE		AMOUNT
Full Name of Contributing Committee		-	MO.	DAY	YEAR	
Mailing Address	MY.		MO.	DAY	YEAR	s /00/02
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	*
				1	l Sen.	<u> </u>
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)				\$
	310.0	Lip Gode trius,	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			⊕Mo.∷	DAY	YEAR	
Mailing Address	41		adia Mo jan,	DAY		\$
			<u> </u>	UMI	YEAR	\$
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	
Full Name of Contributing Committee				740	· · · · · · · · · · · · · · · · · · ·	\$
			MO	DAY	YEAR	\$
Mailing Address			#MO.E.	DAY	YEAR	s
City	State	Zip Code (Plus 4)	Mo	DAY	YEAR	
	'					\$
Full Name of Contributing Committee	_			DAY	YEAR	- \$
Mailing Address			MEMO E	DAY	YEAR	
City	State	Zip Code (Plus 4)	20077743			\$
i		delp would jo min	120 MO .240	DAY	YEAR	\$
Full Name of Contributing Committee			Moal	DAY	YEAR	
Mailing Address			- MOSE		YEAR	\$
						\$
Cfty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address		-				\$
	- <u></u>			DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$
Full Name of Contributing Committee	نــــــــــــــــــــــــــــــــــــــ		MO.	DAY	YEAR	
Mailing Address						\$
Mailing Address			- мо.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	EE ONE	DAY	YEAR	\$
		-				<u> </u>
Total of Bart C on Cal	ع مانات		<u></u>			PAGE TOTAL
Enter Grand Total of Part C on Sch	ledule i,	Detailed Summar	/y Page,	Section	13.	* NONE

DSEB-502 (7-99)

PART D **ALL OTHER CONTRIBUTIONS**

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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 FY16NdS of Will of	Hz.	<u>I</u>	R	eporting	Period //	5/11 to 11/30/11
TYIVIUS OF WITH	וטו	7		From	/Upa	
<u></u>				DATE		AMOUNT
Full Name of Contributed Fuller			M 9.	DAY	YEAR	\$ 475.00
Mailing Address Mallard Onve L	Uzs	1/	MQ.	DAY	YEAR	\$
CITY NORTH WARD	Sie	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer, Name Ahim ten Township	<u> </u>		Occupati	on Se	Cred	nru_
Employer Mailing Address/Principal Place of Susiness	al	bingten fa	190	001	<u> </u>	<u> </u>
Full Name of Contributor	يس	1119~11 10	MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	!		Occupation	อก		
Employer Mailing Address/Principal Place of Business	-		<u> </u>			
Full Name of Contributor			MO;	DAY	YEAR	\$
Mailing Address			⊬ MOL	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	<u> </u>		Occupation	on		
Employer Mailing Address/Principal Place of Business						
Chapter and the control of the contr						•
Full Name of Contributor			MO.	DAY	YEAR	
				7		\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zîp Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	<u></u>		Occupation	on .	L	***************************************
Employer Mailing Address/Principal Place of Business						- Mindred Annual
Full Name of Contributor			MO.	DAY	YEAR	_
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$
Employer Name	<u> </u>	······································	Occupati	on	L	
Employer Mailing Address/Principal Place of Business			<u> </u>	 		
Enter Grand Total of Part D on Schee	dule I	l, Detailed Summar	y Page,	Sectio	n 3.	PAGE TOTAL

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* 410.00

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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.

Friends of Will a	No.	<i>I</i> +	F	Reporting From	Period	5/11 to 11/30/11
Full Name						
		o 0				
Meiling Address	77	M				
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount A (O A 1 (=
Receipt Description	<u> </u>		<u> </u>	<u> </u>		s NONE
Full Name						
, divisione						
Mailing Address						
Сну	State	Zip Code (Plus 4)	MO.	DAY	YEAR #	Amount
Receipt Description	<u> </u>	_				\$
Full Name						
Mailing Address				<u>.</u>		
City	State	Zip Code (Pius 4)	MO.	OAY	YEAR	Amount
Receipt Description		<u> </u>			1150000	\$
The Control of the Co						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	VEAR	Amount
			100.	UAT.	YEAR	\$
Receipt Description						
Full Name						
Mailing Address						
City						
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name				**		
Mailing Address						
City	0		oro bor pris d	7		
	State	Zip Code (Plus 4) -	Mo.	DAY	YEAR	\$
Receipt Description						
						PAGE TOTAL
Enter Grand Total of Part E on Sched	ule i,	Detailed Summary	Page,	Section	4.	* NONE

DSEB-502 (7-99)

SCHEDULE II

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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 D		
Friends of Will Holf	Reporting Pe From //	135	5/11 to 11/30/11
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S	50.00 OR	LESS	PER CONTRIBUTOR
TOTAL for the Reporting Period	d (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	50 00 (EDO)	# 6 A	
	JO.OU IFROM	n Fyn	(A.1. 6) r len emble
TOTAL for the Reporting Period	d (2)	\$	0.00
			A1. TO A1. T.
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART G		
TOTAL for the Reporting Period	i (3)	\$	0.00
		· · · · · · ·	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2,	i (3)	\$	0.00

PAGE 90F 12

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			P	Reporting	Period	.1
Friends of Will Ho	SH			From	10/00	5/11 to 11/30/11
				DATE		AMOUNT
Full Name of Contributor	~		MO.	DAY	YEAR	* NONE
Mailing Address	W		Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$
Description of Contribution:	1		<u> </u>	1	<u> </u>	
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	-YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	EY A TAK	\$
Description of Contribution:				<u> </u>	<u> </u>	<u>L</u>
Full Name of Contributor			MO.	DAY	YEAR	
Periting Address						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:	*************************************	**************************************				NORTH CONTROL OF THE
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO:	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MD.	DAY	YEAR	\$
Description of Contribution:	<u> </u>				<u> </u>	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	-
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:					<u></u>	
Enter Grand Total of Part F on Sched	Jule II,	In-Kind Contribut	tions De	tailed	-	PAGE TOTAL
Summary Page, Section 2.					7	* NONE

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SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate Friends of Will C	HOF	+	R	leporting From	Period 10/2	5/11 to 11/30/11		
				DATE		AMOUNT		
Full Name of Contributor			MO.	DAY	YEAR	* NONE		
Meiling Address	ΥΛ Λ	0.	MO.	DAY	YEAR	\$		
CITY	Silia	Zip Code (Plus 4)	_ Mo.	DAY	YEAR	\$		
Employer of Contributor	1	-	Occupation					
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	tribution			
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$		
Employer of Contributor	1		Occupati	l on	<u> </u>			
Employer Mailing Address/Principal Place of Business		to the state of th	Descript	ion of Con	tribution			
-								
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address		, , , , , , , , , , , , , , , , , , ,	Mo.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	\$		
Employer of Contributor	<u></u>		Occupati	on				
Employer Mailing Address/Principal Place of Business		<u>,</u>	Descript	ion of Con	tribution	ALLEN BEAUTIFUL CONTRACTOR CONTRA		
					- Hardelen - Andrews			
Full Name of Contributor			MG.	DAY	YEAR	\$		
Mailing Addrass			Mo.	DAY	YEÁR	\$		
City	State	Zip Code (Pius 4)	MO.	DAY	YEAR	\$		
Employer of Contributor	1		Occupati	l on	L			
Employer Mailing Address/Principal Place of Business			Descript	ion of Cor	tribution			
Full Name of Contributor			MO.	DAY	YEAR	\$		
Mailing Address			MD.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor	<u> </u>		Occupati	Lion	1			
Employer Mailing Address/Principal Place of Business			Descript	ian of Cor	tribution			
						DACE TOTAL		
Enter Grand Total of Part G on Sche	dule i	I, In-Kind Contrib	utions D	etailed		S NONE		

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Will HoH			Re	eporting	Period 10/25	711 To 11/30/11
To Whom Paid Wells Fargo Bank			мо. /О	BAY 3/	YEAR .	Amount \$ 19,00
DOGO COUNTY SING K		,	Description	on of Expe	- I -	ge, alect
Huntingdon Valley	State	Zip Code (Plus 4)	bel	1000	MIX	balance
To Whom Paid Stucked Marf			M0.	7 c	YEAR 2011	Amount 127020
Mailing Address 1363 Easton Rd			Description DO	on of Expe	inditure NON	wsor
CHY KOS/YL	51918 PA	Zip Code (Plus 4)	VO)	unte	eers	0
To Whom Paid To anotherny E1115	7		MO.	DAY 19	YEAR 2011	Amount 100, 00
Mailing Address	***************************************	, , ,	1	on of Expe	a .Cl	campaign
"Nornstour	51500	Zip Code (Pius 4)	Dig	NS		
To Whom Paid 115 Fargs Bank			Mo.	BAY 30	YEAR -	Amount 9,00
2090 COUNTY Line	Rd		Description	on of Expe	~ ! ~ .	ge arct
Huntingdon Valley	State	Zio Code (Pius 4)	bel	'ow	mil	06-1000
To Whom Paid 0	<u> </u>		MO:	DAY	WEAR =	Amount \$
Mailing Address			Description	on of Expe	inditure	<u>.</u>
City	State	Zip Code (Plus 4)				
To Whom Paid	<u> </u>		Mo.	DAY	YEAR	Amount &
Mailing Address			Descriptio	on of Expe	endí ture	
City	State	Zip Code (Plus 4)			***************************************	<u> </u>
To Whom Paid	ł		MO.	DAY	YEAR	Amount \$
Mailing Address			Descriptio	on of Expe	inditore	
City	State	Zip Code (Plus 4)				
To Whom Paid			MG.	DAY	XX 3 H	Amount
Mailing Address			Description	on of Expe	anditura	\$
City	State	Zip Code (Plus 4)				
						ELOP POTA
Enter Grand Total of Expenditures on Pag	ge 1, F	Report Cover Pa	age, ite	m D.		PAGE TOTAL \$ 265 20

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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.

Friends of Will of	YOH	ne	From/	0)25	<u>М</u> то <u>ПДЗОЛІ</u>
ame of Creditor					Outstanding Balance of Deb
ailing Address	DATE	Mo.	DAY	YEAR	
iv /	INCURRED	State	Zip Code (I	Plus 4)	
escription of Debt					
nme of Creditor					Outstanding Balance of De
ailing Address	DATE DEBT	MG.	* DAY	YEAR	
ity	INCURRED	State	Zip Code (Plus 4)	
escription of Debt					
ame of Creditor					Outstanding Balance of De
ailing Address	DATE DEBT	Mo.	DAY	YEAR	
ity	INCURRED	State	Zip Code	(Plus 4)	
ascription of Debt					
lame of Creditor					Outstanding Balance of De
	DATE	- MO.	DAY	YEAR	\$
Mailing Address	DEBT INCURRED				
ity		State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of De
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	Incomed	State	Zip Code		
Description of Debt					
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Mailing Address	DATE	≟ Mo	ĐAŸ	YEAR	
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				·	PAGE TOTAL
Enter Grand Total of Unpaid Debts	s on Page 1, Report Cove	Page, I	tem G.		* NONE