

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="text"/>	Report Filed By: <input type="text"/>	<input checked="" type="checkbox"/> CANDIDATE <sup>1.</sup>	<input type="checkbox"/> COMMITTEE <sup>2.</sup>	<input type="checkbox"/> LOBBYIST <sup>3.</sup>
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)	1ST TUESDAY PRE-PRIMARY	2ND FRIDAY PRE-PRIMARY	30 DAY POST PRIMARY	AMENDMENT REPORT?	YES	NO
	4TH TUESDAY PRE-ELECTION	2ND FRIDAY PRE-ELECTION	30 DAY POST ELECTION	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	YEAR	FILING METHOD <input checked="" type="checkbox"/> CHECK ONE	PAPER	<input checked="" type="checkbox"/>	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>11 8 2011</i>	<i>46</i>	<i>OTH</i>	<i>DEM</i>	<i>DEM</i>
<small>(SEE INSTRUCTIONS FOR CODES)</small>					

Summary of Receipts and Expenditures from:	MO. DAY YEAR <i>10 25 2011</i>	To	MO. DAY YEAR <i>11 30 2011</i>	FOR OFFICE USE ONLY  RECEIVED 2011 DEC -8 A 10:54 VOTER SERVICES MONTGOMERY CO PA
A. Amount Brought Forward From Last Report	\$		<i>0.00</i>	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$		<i>0.00</i>	
C. Total Funds Available (Sum of Lines A and B)	\$		<i>0.00</i>	
D. Total Expenditures (From Schedule III)	\$		<i>0.00</i>	
E. Ending Cash Balance (Subtract Line D from Line C)	\$		<i>0.00</i>	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		<i>0.00</i>	
G. Unpaid Debts and Obligations (From Schedule IV)	\$		<i>0.00</i>	

**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 \_\_\_\_\_ day of \_\_\_\_\_

*Jan* day of *December*

*[Notary Seal]*  
 KYLIE WADE  
 Notary Public  
 UPPER MORELAND TWP, MONTGOMERY CNTY  
 My Commission Expires Jun 26, 2013

\_\_\_\_\_  
Signature

My commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

*William A. Holt Jr*  
Signature of Candidate

*William A. Holt Jr*  
Printed Name

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Will Holt</i>	Reporting Period From <i>10/25/11</i> To <i>11/30/11</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <i>0.00</i>

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

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (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>NONE</i>
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