	Commonwealth of Pennsylvania CAMPAIGN FINANCE REPORT	PAGE	1 OF _	COVER PAGE
E:	This report must be clear and legible. It may be typed or printed in blue o	r black	ink.)	
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(1	NOTE: This report	must be clear an	d legible. It m	ay be typed or prin	ted in b	nue or black in	k.)			
Filer Identification			Report Filed By:	CANDIDATE	1.	COMMITTEE	$^{2}$	LOBB	YIST	3.
Name of Filing Comm	HS of W BOX 483	11 HOH								
City: Wil	low Giva	ve		State:		Zip Code: 19	09.	)		
TYPE OF REPORT	6TH TUESDAY	1. 2ND FRID PRE-PRIM	3	30 DAY POST PRIMARY	3,	AMENDMENT REPORT?	YES		NO	
(place X to	STH TUESDAY PRE-ELECTION	4. 2ND FRID PRE-ELEC	,	30 DAY POST ELECTION	¢,	TERMINATION REPORT?	YES		NO	
the right of report type	ANNUAL REPORT	7. X YEAR	2011	FILING METHOD		PAPER		DISK	TTE	
Name of Office Sough	ht by Candidete: OF MC444	acmery C	Olde		EAR COLL	<u> </u>		Party Code HM TIONS	FOR C	ode ODESI
Summary of R and Expenditur			VEAR 2011 TO	11217	ear 2/1	FOR OF		<u></u>	NLY	i jaka
	t Forward From La		\$	2,119.2	8				-()	
B. Total Monetary	Contributions and I ailable (Sum of Line	******	hedule I} \$ \$		0					
	res (From Schedule		\$	<u>, 119. 70</u> 19.01	5			Å Å		
E. Ending Cash Bal	ance (Subtract Line	D from Line C)	Ş	2,100.2	8					
F. Value of In-Kir	nd Contributions Re	ceived (From Sche	duie II) S	0.02	5			 (>	, <b>199</b>	
G. Unpaid Debts ar	nd Obligations (From	n Schedule IV)	\$	0.00	0	V	I	rse T		<u>e</u> ,
PART I - If this i	s a Committee rec	ort treasurer sign	AFFIDAVIT S	ECTION is a Candidate rep	bort, ca	ndidate sign her	е.			
l	hat this report, includ			or computer diskette,				and be	elief ti	rue,
	ribad before me this		_	$\mathcal{D}$	N	a Maria				
<u>30th</u> day of	Jean Tr	arser)	<u> </u>	Pai	ULE ULE	MASON	<b>C</b> g Repo	rt.		
My commission exp	MO. Nota	RIAL SEAL LIAN MASSER ITY Public		Aree Code	P	brinted Name <u>657</u> Daytime	SC) Telepho	6 one Nur	nber	
PART II - if this	s a rey Generission			ee, candidate shall s	sign her	Þ.		·· . *		
: swear (or affirm) th (P.L. 1333, No. 320) i		knowledge and belic	of this political	committee has not vio	plated an	y provisions of th	ne Act	of June	3, 19	37
Swere to and subso	cribed before me this			2)	? 	a. 16	, ŀ	4	6	
Celebor	Signature	me		Willia	Signat	A. HOH:	Jr			
My commission exp	NOTADIAL CEAL	DAT YR.	J	Area Code		LaS7 Daytime	- /o	LS/	nber	·
LOWER GW	ALLISON LIAN MASS Notary Public YNEDD JWNSHP MONT ommission Expires Feb	ONERY CNTY		missions, Elections PA 17120-0029		-				

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#### SCHEDULE I

PAGE 2 OF 12

### CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate Friends of Will Nolt Reporting Period From 12/1/2011 12-12-131/11

1. UNITEMIZED	CONTRIBUTIONS AND I	RECEIPTS - \$50.00	OR LESS	PER CONT	RIBUTOR		
	то	TAL for the Reporti	ng Period	(1)	\$	0.00	

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	alut Nu a	
Contributions Received from Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	0.00
TOTAL for the Reporting Period (2)	\$	0.00

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

4. OTHER RECEIPTS - REFUNDS,	INTEREST EARNED, RETURNED CH	IECKS, ETC	. (FROM	V PART E)	25-115.45
	TOTAL for the Reporting Period	(4)	\$	0.00	

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

PAGE 3 OF H-

# 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 FNENDS OF Will	1/2/1		R	eporting	Period	11 то ЮЗІЛІІ
Theres of Will	ηøπ				ווןא	
Full Name of Contributing Committee			MO.	DATE	YEAR	AMOUNT
INF						\$ NONE
Foll Name of Contributing Committee Meiling Address NONE			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	Stete	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
				UAI	1660	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			мо.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MC.	DAY	YEAR	
						\$
Full Name of Contributing Committee			MG.	DAY	YEAR	\$
Mailing Address			MC.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO,	DAY	YEAR	\$
Mailing Address			MD.	DAY	YEAR	
City	State	Zip Code (Plus 4)				\$
	State		<u>MO.</u>	DAY	YEAR	\$
Full Name of Contributing Committee			<u>MO.</u>	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
Сну	State	Zip Code (P!us 4)	MQ.	DAY	YEAR	
						\$
Fuil 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			MQ.	DAY	YEAB	
Mailing Address		·····	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		0.4.14	VENE	\$
V()	Stern		MQ.	DAY	YEAR	\$
		Detailed Com		Ö		PAGE TOTAL
Enter Grand Total of Part A on S	icnedule I,	Detailed Summa	ry Page,	Sectio	n 2.	\$

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PAGE 4 OF 12

# 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 HC	5H		Re	porting I		<u>II_то_ют/3/ I</u>
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$ NONE
Mailing Address NON5			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -	MO	DAY	YEAR	\$
Full Name of Contributor			MQ.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO,	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	<u>MO.</u>	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MD.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address	·		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			<u>MO.</u>	DAY	YEAR	\$
Mailing Address			<u>MO.</u>	DAY	YEAR	\$
City	State	Zip Code (Pius 4) -	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) -	MQ.	DAY.	YEAR	\$
						PAGE TOTAL
Enter Grand Total of Part B on Sche	dule I,	Detailed Summary	/ Page,	Section	n 2.	\$ NONE

DSEB-502 (7-99)

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PAGE 5 OF 12

## **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

PART C

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 Friends of Will HOH			Reportir From	IS Period	11 10 12/31/11
		· · · · · · · · · · · · · · · · · · ·	DAT		AMOUNT
Full Name of Contributing Committee				- Veare	\$ WONE
Meiling Address		an and a second s	MQ. DAY	YEAR	* NUNC
NONU					\$
City	State	Zip Code (Plus 4) -	MO. DAY	YEAR	\$
Full Name of Contributing Committee			MO. DAY	YEAR	\$
Mailing Address			MO.T. DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ. DAY	C YEAR	\$
Full Name of Contributing Committee			MO DAY	( POYEAR	\$
Mailing Address		Ada a da an ann an A	DAY	ST. LOYEARD	\$
City	State	Zip Code (Plus 4)	MD. DAY	YEAR	\$
Full Name of Contributing Committee	<u> </u>			YEAR	\$
Mailing Address			MÓ. DAY	YEAR	\$
City	State	Žip 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				YEAR	\$
Mailing Address	State	Zip Code (Plus 4)	MO. DAY		\$
		-	MQ		\$
Full Name of Contributing Committee	_		MO	YEAR	\$
Mailing Address		ann an thirth an the start and a	MQ. DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO. DAY		\$
Full Name of Contributing Committee				YEAR	\$
Mailing Address		•	MO. DAY		\$
City	State	Zip Code (Plus 4) -	MO. DAY	YEAR	\$
Enter Grand Total of Part C on Sched	jule I,	Detailed Summary	<sup>,</sup> Page, Secti	on 3.	PAGE TOTAL \$ NONE

DSEB-502 (7-99)

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OVER \$250.00         Use this Pert to itemize all other contributions with an aggregate value of cover \$250.00 in the reporting period.         Reporting Period         Reporting Period         Priod         Fill Generative of Caddae         Priod	,	ALL OTH	IER CONTRIE	BUTIO	NS		age 6 of 12
OVER \$250.00 in the reporting period (Exclude contributions from political committees reported in Pert C.)       Name of Pling Committee or Gaddate Friend Contributor       Principal Committee or Gaddate Friend Contributor       None of Pling Committees reported in Pert C.)       Name Contributor       Mole Day YEAR \$ MOUNT       Mole Day YEAR \$ MOUNT       To Day YEAR \$ MOUNT       State 2:p Code Plue 0       Mole Day YEAR \$       Contributor       Mole Day YEAR \$       Mole Day YEAR							
Exclude contributions from political committees reported in Pert C.)         Name of Engloyer Condities       Provide Period         Full Reme of Contributor       Add.         Mailing Address       Add.         City       State         State       Zip Code Plus 41         Mailing Address       Mol.         City       State         State       Zip Code Plus 41         Mailing Address       Mol.         City       State         State       Zip Code Plus 41         Mol.       DAY         VEAP       S         City       State         State       Zip Code Plus 41         Mol.       DAY         VEAP       S         City       State         State       Zip Code Plus 41         Mol.       DAY         VEAP       S         City       State         State       Zip Code Plus 41         Mol.       DAY         VEAP       S         City       State         State       Zip Code Plus 41         Mol.       DAY         VEAP       S         City       State <th></th> <th>over \$250.</th> <th>00 in the reportir</th> <th>ng perio</th> <th>d</th> <th>-</th> <th></th>		over \$250.	00 in the reportir	ng perio	d	-	
Friedds of Will Hoff     From		contributions from	n political comm	ittees re	ported		: C.)
DATE     DATE     AMOUNT       Mailing Address     MD     FAX     VEAR     \$     MONICE       Mailing Address     MD     FAX     VEAR     \$     MONICE       Employer Name     MD     FAX     VEAR     \$     MONICE       Employer Name     Cooperion     MD     FAX     VEAR     \$       City     State     Zip Code Plus 4I     MO     FAX     VEAR     \$       City     State     Zip Code Plus 4I     MO     FAX     VEAR     \$       City     State     Zip Code Plus 4I     MO     FAX     VEAR     \$       Employer Mailing Address/Principal Place of Business     FAIL     MO     FAX     VEAR     \$       City     State     Zip Code Plus 4I     MO     FAX     VEAR     \$       Employer Mailing Address/Principal Place of Business     MO     FAX     VEAR     \$       Full Name of Contributor     MO     FAX     VEAR     \$     \$       Employer Mailing Address/Principal Place of Business     MO     FAX     VEAR     \$       Full Name of Contributor     MO     FAX     VEAR     \$     \$       Mailing Address/Principal Place of Business     FUIL     MO     FAX     VEAR	Name of Filing Committee or Ca	ndidate イロドロームカム	L	R			11 - 12
Full Reme of Contributor       IMO_ DAY_ YEAR       \$       MONNE         Mailing Address	TTIEAD UT	WIT MOR					
Mailing Address     MO.     DAX     YEAR     \$       City     State     Zip Code     Plus al     MO.     DAX     YEAR     \$       City     State     Zip Code     Plus al     MO.     DAX     YEAR     \$       City     State     Zip Code     Plus al     MO.     DAX     YEAR     \$       City     State     Zip Code     Plus al     MO.     DAX     YEAR     \$       City     State     Zip Code     Plus al     MO.     DAX     YEAR     \$       City     State     Zip Code     Plus al     MO.     DAX     YEAR     \$       City     State     Zip Code     Plus al     MO.     DAX     YEAR     \$       City     State     Zip Code     Plus al     MO.     DAY     YEAR     \$       City     State     Zip Code     Plus al     MO.     DAY     YEAR     \$       City     State     Zip Code     Plus al     MO.     DAY     YEAR     \$       City     State     Zip Code     Plus al     MO.     DAY     YEAR     \$       City     State     Zip Code     Plus al     MO.     DAY     YEAR     \$ <td>Full Name of Contributor</td> <td></td> <td></td> <td>MO.</td> <td></td> <td>YEAR</td> <td>·</td>	Full Name of Contributor			MO.		YEAR	·
City State Zip Code (Plus 4) MG, DAY, YEAR, \$  Employer Mailing Address/Principal Place of Business Full Name of Contributor  Full Name Full N	Mailing Address			MO	DAY		* NONE
Employer Mailing Address/Principal Place of Business Full Name of Contributor Mailing Address/Principal Place of Business Full Name of Contributor Mailing Address/Principal Place of Business Full Name of Contributor Mailing Address/Principal Place of Business Full Name of Contributor Mailing Address/Principal Place of Business Full Name of Contributor Mailing Address/Principal Place of Business Full Name of Contributor Mailing Address/Principal Place of Business Full Name of Contributor Mailing Address/Principal Place of Business Full Name of Contributor Mailing Address/Principal Place of Business Full Name of Contributor Mailing Address/Principal Place of Business Full Name of Contributor Mailing Address/Principal Place of Business Full Name of Contributor Mailing Address/Principal Place of Business Full Name of Contributor Mailing Address/Principal Place of Business Full Name of Contributor Mailing Address/Principal Place of Business Full Name of Contributor Mailing Address/Principal Place of Business Full Name of Contributor Mailing Address/Principal Place of Business Full Name Decupation Employer Name	-	aNE				<u>. (200)</u>	\$
Employer Name Em	city N	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	S
Full Name of Centributor       MO.       DAV       YEAR       S         Milling Address       MO.       DAV       YEAR       S         City       State       Zip Code (Plus 4)       MO.       DAV       YEAR       S         City       State       Zip Code (Plus 4)       MO.       DAV       YEAR       S         Employer Name       Occupation       MO.       DAV       YEAR       S         Full Name of Centributor       MO.       MO.       DAV       YEAR       S         Moling Address       MO.       DAV       YEAR       S       S         City       State       Zip Code (Plus 4)       MO.       DAV       YEAR       S         City       State       Zip Code (Plus 4)       MO.       DAV       YEAR       S         Employer Name       Occupation       MO.       DAV       YEAR       S         City       State       Zip Code (Plus 4)       MO.       DAV       YEAR       S         City       State       Zip Code (Plus 4)       MO.       DAV       YEAR       S         City       State       Zip Code (Plus 4)       MO.       DAV       YEAR       S <tr< td=""><td>Employer Name</td><td></td><td>· · · · ·</td><td>Occupati</td><td>on</td><td></td><td>·•·</td></tr<>	Employer Name		· · · · ·	Occupati	on		·•·
Mailing Address       MO.       DAY       YEAR       \$         City       State       Zip Code (Plus 4)       IMO.       DAY       YEAR       \$         Employer Name       Occupation       Cocupation       \$       \$       \$       \$         Employer Mailing Address/Principal Place of Business       MO.       DAY       YEAR       \$       \$         Mailing Address       MO.       DAY       YEAR       \$       \$       \$       \$         Mailing Address       MO.       DAY       YEAR       \$ <td>Employer Mailing Address/Principal P</td> <td>lace of Business</td> <td></td> <td></td> <td></td> <td>······································</td> <td></td>	Employer Mailing Address/Principal P	lace of Business				······································	
Mailing Address       MO.       DAY       YEAR       \$         City       State       Zip Code (Plus 4)       IMO.       DAY       YEAR       \$         Employer Name       Occupation       Cocupation       \$       \$       \$       \$         Employer Mailing Address/Principal Place of Business       MO.       DAY       YEAR       \$       \$         Mailing Address       MO.       DAY       YEAR       \$       \$       \$       \$         Mailing Address       MO.       DAY       YEAR       \$ <td></td> <td></td> <td>NO. 10. 10. 0. 10 - 11 10</td> <td></td> <td></td> <td></td> <td></td>			NO. 10. 10. 0. 10 - 11 10				
City State Zip Code (Plus 4) (MQ, DAY, VEAR \$ Employer Name Contributor State Zip Code (Plus 4) (VEAR \$ City (VEAR \$ City State Zip Code (Plus 4) (VEAR \$ City (VEAR \$ Ci	Full Name of Contributor			MO.	DAY	YEAR	\$
City     State     Zip Code (Plus 4)     MO.     DAY     YEAR       Employer Name     Occupation       Employer Mailing Address/Frincipal Place of Business       Full Name of Contributor     MO.     DAY     YEAR     \$       Mailing Address     MO.     DAY     YEAR     \$       City     State     Zip Code (Plus 4)     MO.     DAY     YEAR     \$       Employer Name     Occupation     MO.     DAY     YEAR     \$       City     State     Zip Code (Plus 4)     MO.     DAY     YEAR     \$       Employer Name     Occupation     Docupation     Employer Name     \$     \$       Employer Name     NO.     DAY     YEAR     \$     \$       City     State     Zip Code (Plus 4)     MO.     DAY     YEAR     \$       Employer Name     Decupation     Employer Name     Decupation     \$     \$ <td>Mailing Address</td> <td></td> <td></td> <td>MO.S</td> <td>DAY</td> <td>YEAR</td> <td>\$</td>	Mailing Address			MO.S	DAY	YEAR	\$
Employer Name Employer Mailing Address/Principal Place of Business Full Name of Contributor  Mailing Address Full Name of Contributor  Mailing Address/Principal Place of Business Full Name of Contributor  Mailing Address/Principal Place of Business Full Name of Contributor  Mailing Address/Principal Place of Business Full Name of Contributor  Mailing Address/Principal Place of Business Full Name of Contributor  Mailing Address/Principal Place of Business Full Name of Contributor  F	City	State	Zip Code (Plus 4)	MO. 1	DAY	YEAR	•
Employer Meiling Address/Principal Place of Business Full Name of Contributor          Full Name of Contributor       MO.: I: DAY: YEAR: S         City       State         Employer Name       Cocupation         Employer Mailing Address/Principal Place of Business         Full Name of Contributor       MO.: I: DAY: YEAR: S         Employer Name       Cocupation         Employer Mailing Address/Principal Place of Business         Full Name of Contributor       MO.: DAY: YEAR: S         Mailing Address       MO.: DAY: YEAR: S         City       State         Zip Code (Plus 4)       MO.: DAY: YEAR: S         City       State         Employer Name       Docupation         Employer Name       Docupation         Employer Name       Docupation         Employer Name       Docupation         Employer Mailing Address       MO.: DAY: YEAR: S         City       State       Zip Code (Plus 4)         Mo:       DAY: YEAR: S         City       State       Zip Code (Plus 4)         Employer Mailing Address       MO.: DAY: YEAR: S         City       State       Zip Code (Plus 4)         Employer Name       Docupation         Employer Name       Docupation         Employer Nam	The large Aleger		_				\$
Full Name of Contributor     MO.     DAY     YEAR     \$       Mailing Address     MO.     DAY     YEAR     \$       City     State     Zip Code (Plus 4)     MO.     DAY     YEAR     \$       Employer Name     Occupation     Docupation     S     S     S       Full Name of Contributor     MO.     DAY     YEAR     \$       Mailing Address/Principal Place of Business     MO.     DAY     YEAR     \$       Full Name of Contributor     MO.     DAY     YEAR     \$       City     State     Zip Code (Plus 4)     MO.     DAY     YEAR     \$       City     State     Zip Code (Plus 4)     MO.     DAY     YEAR     \$       City     State     Zip Code (Plus 4)     MO.     DAY     YEAR     \$       Employer Name     Occupation     Day     YEAR     \$       Employer Mailing Address     MO.     DAY     YEAR     \$       Full Name of Contributor     MO.     DAY     YEAR     \$       Mailing Address     Indo     DAY     YEAR     \$       City     State     Zip Code (Plus 4)     MO.     DAY     YEAR       Employer Name     Occupation     Employer Mailing Address/Princ	Employer Name			Occupati	on		
Mailing Address     MO.     DAY     YEAR     \$       City     State     Zip Code (Plus 4)     MO.     DAY     YEAR     \$       Employer Name     Occupation     Cocupation     Cocupation     \$       Employer Mailing Address/Principal Place of Business     MO.     DAY     YEAR     \$       Mailing Address     MO.     DAY     YEAR     \$       City     State     Zip Code (Plus 4)     MO.     DAY     YEAR     \$       City     State     Zip Code (Plus 4)     MO.     DAY     YEAR     \$       Employer Name     Occupation     Cocupation     S     S     S       City     State     Zip Code (Plus 4)     MO.     DAY     YEAR     \$       Employer Name     Occupation     Cocupation     S     S     S     S       Full Name of Contributor     MO.     DAY     YEAR     \$     S     S       Mailing Address     MO.     DAY     YEAR     \$     S     S       City     State     Zip Code (Plus 4)     MO.     DAY     YEAR     \$       Employer Name     Occupation     Employer Name     Occupation     S     S       Employer Mailing Address/Principal Place of Business	Employer Mailing Address/Principal P	lace of Business		L			
Mailing Address     MO.     DAY     YEAR     \$       City     State     Zip Code (Plus 4)     MO.     DAY     YEAR     \$       Employer Name     Occupation     Cocupation     Cocupation     \$       Employer Mailing Address/Principal Place of Business     MO.     DAY     YEAR     \$       Mailing Address     MO.     DAY     YEAR     \$       City     State     Zip Code (Plus 4)     MO.     DAY     YEAR     \$       City     State     Zip Code (Plus 4)     MO.     DAY     YEAR     \$       Employer Name     Occupation     Cocupation     S     S     S       City     State     Zip Code (Plus 4)     MO.     DAY     YEAR     \$       Employer Name     Occupation     Cocupation     S     S     S     S       Full Name of Contributor     MO.     DAY     YEAR     \$     S     S       Mailing Address     MO.     DAY     YEAR     \$     S     S       City     State     Zip Code (Plus 4)     MO.     DAY     YEAR     \$       Employer Name     Occupation     Employer Name     Occupation     S     S       Employer Mailing Address/Principal Place of Business	Full Name of Contributor			MO	DAY	YFAR	
City       State       Zip Code (Plus 4)       MO.       DAY.       YEAR       S         Employer Name       Occupation       Occupation       S       S       S       S         Full Name of Contributor       MO.       DAY.       YEAR       S       S       S         Mailing Address       MO.       DAY.       YEAR       S       S       S       S         City       State       Zip Code (Plus 4)       YEAR       S       S       S       S         City       State       Zip Code (Plus 4)       YEAR       S </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td>							\$
Employer Name  Employer Mailing Address/Principal Place of Business  Full Name of Contributor  Mo. DAY YEAR \$  Mo. DAY YEAR \$  City  State Zip Code (Plus 4) - Cocupation  Employer Name  Employer Mailing Address  Full Name of Contributor  MO. DAY YEAR \$  City State Zip Code (Plus 4) - Cocupation  Employer Mailing Address  Full Name of Contributor  MO. DAY YEAR \$  City State Zip Code (Plus 4) - Cocupation  Employer Mailing Address  Full Name of Contributor  MO. DAY YEAR \$  City State Zip Code (Plus 4) - Cocupation  Employer Name  City State Zip Code (Plus 4) - Cocupation  Employer Name  Employer Name  Cocupation  Employer Mailing Address/Principal Place of Business  Employer Name  Employer Mailing Address/Principal Place of Business	Mailing Address			MO.	DAY	YEAR	\$
Employer Name  Employer Name  Employer Mailing Address/Principal Place of Business  Full Name of Contributor  Mo. DAY, YEAR  S  City  State Zip Code (Plus 4) _ Cupation  Employer Name  Full Name of Contributor  MO. DAY YEAR  S  City State Zip Code (Plus 4) _ Cupation  Employer Mailing Address  Full Name of Contributor  MO. DAY YEAR  S  City State Zip Code (Plus 4) _ Cupation  Employer Mailing Address  Full Name of Contributor  MO. DAY YEAR  S  City State Zip Code (Plus 4) _ Cupation  Employer Name  City State Zip Code (Plus 4) _ Cupation  Employer Name  City State Zip Code (Plus 4) _ Cupation  Employer Name  City State Zip Code (Plus 4) _ Cupation  Employer Name  City State S  City S  City S  City S  City State S  City S	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
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### PART E OTHER RECEIPTS

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PAGE 7 OF 12

#### 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 Eiling Committee or Candidate Friends of Will 1	Not	ł	R	eporting From	DII	<u>  </u> <sub>™</sub>   <del>2 </del> 31 11
Full Name	5.1					
Mailing Address	JE					
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Enter Grand Total of Part E on Sched	jule I,	Detailed Summary F	'age,	Section	n 4.	S NONE

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# SCHEDULE II PAGE 6 OF

PAGE 8 OF 12

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 Period f Will HOH mendsn From 12/1/11 To 12/31/11 UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR TOTAL for the Reporting Period (1) \$ 1.00 IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) 2. 0.00 TOTAL for the Reporting Period (2)\$ 3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G) TOTAL for the Reporting Period 0.00 (3)\$ TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, \$ 0.00 and 3; also enter on Page 1, Report Cover Page. Item F.J

## PAGE 9\_OF 12

### SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	. 1		F	eporting	Period I		
Name of Filing Committee or Candidate FRENCIS OF Will	NOP	4		From	12/11	И то	12/31/11
			1	DATE			
Full Name of Contributor	~		MO.	DATE	YEAR		AMOUNT
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NONU AND			MO:	DAY	YEAR	\$	
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City	- Ctata	7/2 0-1- /0/				\$	
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Description of Contribution:		····			L j	*	
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Enter Grand Total of Part 5 on Only	ال حايدات			• - *1 •		PAGE TOT	AL
Enter Grand Total of Part F on Sche Summary Page, Section 2.	aule II,	, in-kina Contribui	tions De	telled		s //	ÎNE

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## PAGE 10 OF 12

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			F	eporting	Period ,				
Name of Filing Committee or Candidate Friends of Will HOIT				From _	11/4	<u>II то 12-131/11</u>			
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Employer Mailing Address/Principal Place of Business		Description of Contribution							
					1	PAGE TOTAL			
Enter Grand Total of Part G on Sched	dule II,	In-Kind Contribu	tions De	etailed					
Summary Page, Section 3.						\$ NONE			

DSEB-502 (7-99)

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### SCHEDULE III STATEMENT OF EXPENDITURES

		Report Cover F				PAGE TOTAL \$ 19 (V)
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