

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: Friends of Will Holt				
Street Address: PO Box 483				
City: Willow Grove		State: PA	Zip Code: 19090	

TYPE OF REPORT (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY ¹	2ND FRIDAY PRE-PRIMARY ²	30 DAY POST PRIMARY ³	AMENDMENT REPORT? YES	NO
	8TH TUESDAY PRE-ELECTION ⁴	2ND FRIDAY PRE-ELECTION ⁵	30 DAY POST ELECTION ⁶	TERMINATION REPORT? YES	NO
	ANNUAL REPORT ⁷ <input checked="" type="checkbox"/>	YEAR: 2011	FILING METHOD () CHECK ONE <input type="checkbox"/>	PAPER	DISKETTE

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

Summary of Receipts and Expenditures from:	MO. DAY YEAR	To	MO. DAY YEAR	FOR OFFICE USE ONLY 2012 JAN 30 A 11:32 RECEIVED	
	12 1 2011	To	12 31 2011		
	A. Amount Brought Forward From Last Report	\$	2,119.28		
	B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0.00		
	C. Total Funds Available (Sum of Lines A and B)	\$	2,119.28		
	D. Total Expenditures (From Schedule III)	\$	19.00		
	E. Ending Cash Balance (Subtract Line D from Line C)	\$	2,100.28		
	F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	V		

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 **30th** day of **January**, 20 **12**

Allison Lian Masser (Signature)
Signature of Person Submitting Report

Paula Mason (Signature)
Printed Name

215 (Area Code) **657-3076** (Daytime Telephone Number)

My commission expires _____ MO. _____ DAY _____ YR.

NOTARIAL SEAL
ALLISON LIAN MASSER
Notary Public

PART II - If this is a report of a Candidate, 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 **30th** day of **January**, 20 **12**

Allison Lian Masser (Signature)
Signature of Candidate

William A. Holt Jr (Signature)
Printed Name

215 (Area Code) **657-1281** (Daytime Telephone Number)

My commission expires _____ MO. _____ DAY _____ YR.

NOTARIAL SEAL
ALLISON LIAN MASSER
Notary Public

NOTARIAL SEAL
ALLISON LIAN MASSER
Notary Public
Lower Gwynedd Township, Montgomery County, PA
My Commission Expires Feb 11, 2015

Bureau of Commissions, Elections and Legislation
Harrisburg, PA 17120-0029 • (717) 787-5280

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Will Holt</i>	Reporting Period From <i>12/1/2011</i> To <i>12/31/11</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>

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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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 Friends of Will HBH	Reporting Period From 12/1/11 To 12/31/11
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee				\$ NONE
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

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

PAGE TOTAL
\$

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 Hoff
Reporting Period: From 12/1/11 To 12/31/11

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	\$
NONE	NONE	NONE	NONE	NONE				\$ NONE
								\$
								\$
								\$
								\$
								\$
								\$
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								\$
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								\$
								\$
								\$

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

PAGE TOTAL \$ NONE

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: Friends of Will Holt; Reporting Period: From 12/1/11 To 12/31/11

Table with columns: Full Name of Contributing Committee, Mailing Address, City, State, Zip Code (Plus 4), DATE (MO., DAY, YEAR), AMOUNT. All entries are marked as NONE.

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

PAGE TOTAL \$ NONE

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 <u>12/1/11</u> To <u>12/31/11</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Full Name of Contributor							<i>NONE</i>
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor							\$
Mailing Address							\$
City	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
\$ *NONE*

**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>12/1/11</i> To <i>12/31/11</i>
--	--

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	
<i>NONE</i>						\$ <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>NONE</i>
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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 <i>Friends of Will Holt</i>	Reporting Period From <u>12/1/11</u> To <u>12/31/11</u>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <u>0.00</u>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ <u>0.00</u>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ <u>0.00</u>

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.)	\$ <u>0.00</u>
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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 <u>Friends of Will Holt</u>	Reporting Period From <u>12/1/11</u> To <u>12/31/11</u>
--	--

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
NONE				\$ NONE
				\$
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		\$
Description of Contribution:				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
				\$
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		\$
Description of Contribution:				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
				\$
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		\$
Description of Contribution:				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
				\$
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		\$
Description of Contribution:				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
				\$
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)		\$
Description of Contribution:				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
				\$
				\$
				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
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
\$ **NONE**

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

Name of Filing Committee or Candidate <i>Friends of Will Holt</i>	Reporting Period From <u>12/1/11</u> To <u>12/31/11</u>
--	--

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	\$
<i>NONE</i>				<i>NONE</i>
Mailing Address				\$
City				\$
Employer of Contributor				\$
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor				\$
Mailing Address				\$
City				\$
Employer of Contributor				\$
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor				\$
Mailing Address				\$
City				\$
Employer of Contributor				\$
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor				\$
Mailing Address				\$
City				\$
Employer of Contributor				\$
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor				\$
Mailing Address				\$
City				\$
Employer of Contributor				\$
Employer Mailing Address/Principal Place of Business	Description of Contribution			

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

PAGE TOTAL
\$ *NONE*

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Friends of Will Holt</i>	Reporting Period From <i>12/1/11</i> To <i>12/31/11</i>
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To Whom Paid	MO.	DAY	YEAR	Amount
<i>Wells Fargo Bank</i> Mailing Address City State Zip Code (Plus 4)	<i>12</i>	<i>31</i>	<i>2011</i>	\$ <i>19.00</i>
Description of Expenditure <i>bank fee, charge acct below min balance</i>				
To Whom Paid Mailing Address City State Zip Code (Plus 4)				\$
To Whom Paid Mailing Address City State Zip Code (Plus 4)				\$
To Whom Paid Mailing Address City State Zip Code (Plus 4)				\$
To Whom Paid Mailing Address City State Zip Code (Plus 4)				\$
To Whom Paid Mailing Address City State Zip Code (Plus 4)				\$
To Whom Paid Mailing Address City State Zip Code (Plus 4)				\$
To Whom Paid Mailing Address City State Zip Code (Plus 4)				\$
To Whom Paid Mailing Address City State Zip Code (Plus 4)				\$
To Whom Paid Mailing Address City State Zip Code (Plus 4)				\$

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

PAGE TOTAL
\$ *19.00*

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 <i>Friends of Will Holt</i>	Reporting Period From <u>12/1/11</u> To <u>12/31/11</u>
--	--

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

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL
\$ *NONE*