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	(NOTE: This report	t must be clear and					erto inte 1	(COV	ER PAGE
Filer Identification	on N		Report Filed By:			V Real	black ink.) ALTEE	LOB	3. SVICT
Name of Filine Comm	mittee, Candidate or Loi	190 yist 11 AA	/		Te le contracte IV				
Street Address	BOX 4/83		[7				<u></u>		
city: Wil	10W Gin	we		S	tate: Ac	Zip Co	^{de:} 190	70	
TYPE OF REPORT	BIN TUESDAY	1. 2ND FRIDA		30 D POS	AY 3. T PRIMARY	AMEND		5	NO
(place X to	THE TUESDAY	4. 2ND FRIDA PRE-ELECTI		30 D	A CONTRACTOR OF A CONTRACTOR OF		ATION	ŝ	NO
the right of report type)	ANNUAL REPORT	⁷ X YEAR	2011	FILING		PAPI	in an	DISK	
Name of Office Sough	ht by Candidate:			DA	TE OF ELECTIC	- Mumber	Office Code	Party Code	County
Sheriff	of Maty	WMPN41	(MING	A I		·	STH	DEM	DEM
	DUTINIT		Chris	<u>^/</u>	10001	146			FOR CODES)
Summary of R	leceipts	MO. DAY		MD.	DAY YEAR		OR OFFIC		ALY CLE
and Expenditur	es from:	1212	<u> <i>D</i>//</u> то	[]]	31 2011		1997 - 1997 -		
A. Amount Brought	it Forward From Last	t Report	\$		0.00		· .	記述 LU	
	Contributions and Re		edule I) \$		0.00			ö	
C. Total Funds Ava	ailable (Sum of Lines	s A and B)	\$		<u> </u>			\geq	- 11 -
D. Total Expenditur	res (From Schedule	111)	\$		N.00				Ú.
E. Ending Cash Bai	lance (Subtract Line	D from Line C)	\$		D.NO	1		<u>></u> 3	<u> </u>
F. Value of In-Kin	nd Contributions Rec	eived (From Schedi	ule II) \$		0.06				e,
G. Unpaid Debts an	nd Obligations (From	Schedule (V)	Ş		0.00				
			AFFIDAVIT SE	FOTION					
PART I - If this is	s a Committee repo	ort, treasurer sign h	vere, if this	is a Ca	indidate report.	candidate s	ign here.		
I swear (or affirm) the correct and complete.	nat this report, including	g the attached schedul	les, on paper /	or compu	ter diskette, are t	to the best of	my knowled	ige and be	lief true,
Swarn to and subscri				\sim	1 -22		. 1	n n]
30th day of	· January	20_	<u>la</u>]'	L) lle	al	609	Kr.	
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Sworn to and subscri	ioea Déféré me this		r						

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Sworn to and subscribed t	Jefore me th	15			
day of			20]	
				Signature of Candidate	
				<pre>}</pre>	
	Signatu	re		Printed Name	
My commission expires					
	MO.	DAY	YR.	Area Code Daytime Telephone N	lumber

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

DSE8-502 (7-99)

SCHEDULE I

PAGE 2 OF	2
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CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Will ABH nonds

Reporting Period From 12/1/2011 To 12/31/2011

LA UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER	CONT	RIBUTOR		
TOTAL for the Reporting Period	(1)	\$	0.00	

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART & AND PART B)	
Contributions Received from Political Committees (Part A)	\$ $\cap \mathcal{M}$
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)	
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 CHECKS,	ETC	. (FROM	A PART E)
TOTAL for the Reporting Period	(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 Cover Page, Item B.)	\$	0.00