	Commonw	ealth of	Pennsylv.	ania
CAMP	AIGN	FINA	NCE	REPORT

PAGE 1 OF (COVER PAGE)

OTE:	This	report	must	be cl	lear	and	legible.	it	mav	be	typed	or	printed	in	hlue	or	hiack	ink

(NOTE: This report must be clear a	ina legiole. I	it may be	typed or pr	anted in	blue or i	black in	ik.)		
Filer Identification	Report Filed By	n 🕨	CANDIDATI	E 1	сомм	ITTEE	X	LOBBYIST	3.
Name of Filing Committee, Candidate or Lopbyist: Friends of Will HOH Street Adgress 12		nrnen / 2000						<u></u>	- I
PO-DOX-483									
city. Willow Gireve			State: PA		Zip Cod	NIN			
TYPE OF OTH TUESDAY 1. 2ND FRI REPORT REPRIMARY PRE-PRIMARY	MARY		DAY ST PRIMARY	3,	AMENDA REPORT?		YES	NO	
place X to			DAY ST ELECTION	8.	TERMINA REPORT?		YES	NO	
the right of ANNUAL 7. YEAR REPORT 7.	2		G METHOD CHECK ON		PAPE	R		DISKETTE	
Name of Office Sought by Candidate: Sheriff of Mattgomery (oute	f []		VEAR	District Number 46	Office Code OTA	1 1		ounty ode M CODESI
MO. DAY	YEAR	[MI	DAY	YEAR	, F	OR OFF	ICE L	ISE ONLY	
Summary of Receipts	111	то 📿		610]]	5	
A. Amount Brought Forward From Last Report	\$	2	100.0	28	÷			:	
B. Total Monetary Contributions and Receipts (From Sc	nedule I) \$	}	0.0	0					1
C. Total Funds Available (Sum of Lines A and B)	\$	5	0.0	0			\sim	5 m	
D. Total Expenditures (From Schedule III)	\$	2	536.00	0) 1.	
E. Ending Cash Balance (Subtract Line D from Line C)	Ş	-],F	564.0	8			6	<u>ې</u>	
F. Value of In-Kind Contributions Received (From Sche	edule II) S		0.0	0				-7. 5	
G. Unpaid Debts and Obligations (From Schedule IV)	\$		0.0	0	ð		·.		
PART I - If this is a Committee report, treasurer sign	AFFIDAVIT	SECTIO	N Candidate re	Dort car	ndidate s	an here	n harden en der sie		
I swear (or affirm) that this report, including the attached sche correct and complete.									rue,
Sworn to and subscribed before me this			- la	. 1 -	NA -				
dey of upn 2			FAL	ull	11/0	Der			
alleorn Jea masser		}	_ Pa	ula	. M/	BO	N	1	
	15		215 Area Code		Da	ytime To	30 Z	76 Number	
PART II - If this is a report of a Candidate's Authori						a na service	i fi un en		1011 - 1012 - 11 1011 - 11
i swear (or affirm) that to the best of my knowledge and belie (P.L. 1333, No. 320) as amended.	f this politic	al committ	ee has not vii	olated any	provision	s of the	Act o	f June 3, 19	37
Sworn to and subscribed before me this 30% day of 30% 2	∘⊮∂]	2	Allen	C	zH	d	P/	/ _	
alleson Tea masser)		. W	Wigm	Signati	Ho Z	didate	R		-
Signature My commission expires <u>Feb 11 206</u>	5	2	15	P:	inted Narr	-7_	12	81	
MO. DAY YR.			Ares Code		Da	ytime Te	elephon	e Number	

Department of State

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

NOTARIAL SEAL ALLISON LIAN MASSER Notary Public LOWER GWYNEDD TWNSHP, MONTGOMERY CNTY My Commission Expires Feb 11, 2015

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PAGE 2 OF

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Friends of Will Hott

Reporting Period From 1/1/12 To 4/9/12

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period

(1) \$ 0.0C

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
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)	
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	- REFUND	S, INTEREST EARNED), RETURNED	CHECKS,	ETC	(FA	OM PAP	(T E)	
			TOTAL for the	Reporting Per	riod	(4)	\$	0.00	5	

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

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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	11.11				Reporting	Period		
Friends of Will ?	NOH	بمرعدين والمستعمل	-		From	[ון[<u>ん</u> 10	, 4/9/12
Full Name of Contributing Committee					DATE			AMOUNT
	NE			MO.	DAY	YEAR	\$	NONE
Meiling Address NC	NO			MD.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	⊅	
		-				1100-	\$	
Full Name of Contributing Committee				MO.	DAY	YEAR		
Meiling Address				MO.	DAY	YEAR	\$	
<u> </u>						1500	\$	
City	State	Zip Code (F	1us 4)	MO.	DAY	YEAR		
Full Name of Contributing Committee				MO.	L DAY	1000	\$	
Mailing Address				192.U.s.	DAY	YEAR	\$	
mercity Address				MO.	DAY	YEAR	\$	
City	State	Zip Code (P	lus 4)	MD.	DAY.	YEAR	*	
						1500	\$	
Full Name of Contributing Committee				MÓ.	DAY	YEAR		
Mailing Address				MO.	DAY	VEAD	\$	······
						YEAR	\$	
City	State	Zip Code (P	lus 4)	MO.	DAY	YEAR		
Full Name of Contributing Committee							\$	
Contracting Committee				<u>MO.</u>	DAY	YEAR	\$	
Mailing Address				MO	DAY	YEAR		
City	State	Zip Code (P	115 41				\$	
				<u>MO.</u>	DAY	YEAR .	\$	
Full Name of Contributing Committee				MO.	DAY	YEAR		
Mailing Address							\$	
				MO.	DAY	YEAR	\$	
Спу	State	Zip Code (P	us 4)	MO.	DAY	YEAR		
Full Memory of Operational Control of the		-					\$	
Full Name of Contributing Committee				<u>MO.</u>	DAY	YEAR	\$	
Mailing Address				<u>MO</u>	DAY	YEAR	¢	
City	State]	Zip Code (P)	us 4)				\$	
				MQ.	DAY	YEAR	\$	
Full Name of Contributing Committee				MQ	DAY	YEAR		
Mailing Address				. MO.	DAY	YEAR	\$	
				X		(EAR)	\$	
City	State	Zip Code (P)	us 4}	MO.	DAY	YEAR	*	
		····		I I			\$	
Enter Grand Total of Part A on Se	chedule I,	Detailed Su	Immary	Page,	Section	1 2.	PAGE TO	
							> /V(ONE

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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 Friends OF Will	diat	4-	R	eporting	Period	2 To 4/9/12
TTOW OF WIT	YVD7	/		DATE	בון יךי	
Full Name of Contributor	0.11-		MO.	DATE	YEAR	\$ NONE
Mailing Address	ONE	· · ·	MO	DAY	YEAR	
City	State	Zip Code (Pius 4)				\$
		-	<u></u>	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)	MO.	DAY	VEID	\$
			100.		YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO	DAY	YEAR	\$
Спу	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
		-		<u>04</u> 7	TEAN	\$
Full Name of Contributor			MO.	DAY.	YÉÁR	\$
Mailing Address			MO.	DAY	YEAR	¢
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
					- CAN	\$
Full Name of Contributor			<u>. MO.</u>	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
Cíty	State	Zip Code (Plus 4)	MO.	DAŸ	YEAR	
					<u>tean</u>	\$
Full Name of Contributor			<u>MQ</u>	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
сну	State	Zip Code (Plus 4)	MO.	DAY	YEAR	*
						\$
Full Name of Contributor			<u>M0.</u>	DAY	YEAR	\$
Mailing Address			Mo,	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Meiling Address			<u>M</u> 0.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Enter Grand Total of Part B on Sch	adula I	Detailed Summer	Dest	C		PAGE TOTAL \$ NONE
when when i vial vi rait D VII 3C	ieuuie i,	Detaneu Summary	rage,	Section	· Z.	

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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	11 -11-	11	R	eporting	Period	12 To 4/9/12
Friends of Wi	II 'NO	<u>/†</u>			1///	12 To 4/4/12
Full Name of Contributing Committee				DATE		AMOUNT
	F		<u>M0.</u>	DAY	YEAR	\$ NONE
Full Name of Contributing Committee Meiling Address			MO.	DAY	YEAR	s
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
					<u>tean</u>	\$
Full Name of Contributing Committee		· · · · · · · · · · · · · · · · · · ·	M0.	DAY	YEAR	\$
Mailing Address			<u>. MO.</u>	DAY	YEAR	
City	State	Zip Code (Plus 4)				\$
	3.6.6		<u>. MO. :</u>	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address			MO.	DAY	YEAR	\$
						\$
Сіту	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Addrass						\$
			MO,	DÁY	YEAR	\$
City	State	Zip 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	Å
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	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
Сну	Stote	Zip Code (Plus 4)	MO.	DAY	YEAR	4
						\$
Fuil Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)				\$
			MO:	DAY	YEAR	\$
						PAGE TOTAL
Enter Grand Total of Part C on Sc	hedule I,	Detailed Summary	/ Page, S	Section	з,	\$ NONE

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		OVER \$250.00					
Use this Part to itemi ov	er \$250	.00 in the report	ing perio	ođ.			of
(Exclude contribution Name of <u>Filing</u> Committee or Candidate	ons fro	m political comm				t C.)	
Friends of Will	NOH	i		Reporting From	Period ////	B	то 4/9/12
Full Name of Contributor			MO.	DATE	YEAR	1	AMOUNT
						\$	NONE
Meiling Address	JĒ		MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer Name			Occupa	tion			
Employer Mailing Address/Principal Place of Busines	5						
	<u></u>						
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			· • MO,	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO,	DAY	YEAR		
		·				\$	
Employer Name			Occupa	tion			
Employer Mailing Address/Principal Place of Busines	\$						
Full Name of Contributor			MO.	DAY	YEAR	1	
						\$	
Mailing Address			MO	DAY	YEAR	\$	
Sity	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$	
Employer Name			Occupa	tion		<u> </u>	
Employer Mailing Address/Principal Place of Busines	P						
copoyer werning Address/Francipar Frace of Busines	5						
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR		······································
Dity	State	Zip Code (Plus 4)		DAY	VEAD	\$	·
			MO.		YEAR	\$	
mployer Name			Оссира	tion			
mployer Mailing Address/Principal Place of Busines	\$		<u> </u>		·····		
ull Name of Contributor			MO.	DAY	YEAR		
						\$	
Mailing Address			MD.	DAY	YEAR	\$	
Sity	State	Zip Code (Plus 4)	<u>MO.</u>	DAY	YEAR	\$	······
employer Name			Occupe	tion		L <u>-</u>	
mployer Mailing Address/Principal Place of Busines	*	<u></u>					
angeoyar marring maaradar interpart face of D03/885	-						

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OTHER RECEIPTS

PAGE 7_OF

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.

$\Gamma \gamma \varphi \gamma \chi \gamma \gamma$	1 1/21	1	Reporting P	1/1/12 To 4/9/12
Friends of Wil	I NOF	<u>+</u>	From	11102 to 4/4/12
Full Name				
Mailing Address ALT	WE-			
City				
u,	State	Zip Code (Plus 4) -	MO. DAY	SNONE
Receipt Description	JJ		<u> </u>	
Full Name				
Mailing Address				······································
City	State	Zip Code (Plus 4) —	MO, DAY	YEAR Amount \$
Receipt Description	I			
Full Name				
Mailing Address				
City	State	Zip Code (Plus 4)	MO. DAY	YEAR Amount
Receipt Description	1	······································		v
Full Name				
Meiling Address			<u></u>	
City	State	Zip Code (Plus 4)	MO. DAY	YEAR Amount
Receipt Description	I		<u> </u>	
Full Name				
		uture en anna terrete en anna 1990 anna 1		
Mailing Address		uti		
Mailing Address	State	Zip Code (Plus 4)	MO. DAY	
Full Name Mailing Address City Receipt Description	State		MO. DAY	YEAR Amount \$
Mailing Address City Receipt Description	State		MO. DAY	
Mailing Address City Receipt Description Full Name	State		MO. DAY	
Mailing Address City Receipt Description Full Name Mailing Address			MO. DAY	
Mailing Address City Receipt Description Full Name	State			\$ YEAR Arnount
Mailing Address City Receipt Description Full Name Mailing Address				\$
Mailing Address City Receipt Description Full Name Mailing Address City				\$ YEAR Arnount

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SCHEDULE	11
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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 Period Friends of Will HOH 1/1/12 To 4/9/12 From

 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

 TOTAL for the Reporting Period
 (1)

 \$
 0
 0

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the Reporting Period

\$ 0.00 (2)

PAGE 8 OF 12

3. IN-KIND CONTRIBUTION RECEIV	VED - VALUE OVER	\$250.00 (FROM P	ART G)		
	TOTAL for the Rep	oorting Period	(3)	\$ (.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

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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 Friends of Will	HO)H	R	eporting From _	Period	ら	To 4/9/12
Full Name of Contributor				DATE			AMOUNT
			<u>MO.</u>	DAY	YEAR	\$	NONE
Mailing Address	97		MO.	DAY	YEAR	s	
City O.	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
				<u> </u>	LEON	\$	
Description of Contribution:			······		1	1	
Full Name of Contributor			MD.	DAY	YEAR		
						\$	
Mailing Address			MQ.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		····
					<u> </u>	\$	
Description of Contribution.						L	
Full Name of Contributor			MO.	DAY	YEAR		
				<u>×<u>∩</u>1</u>	- I CAR	\$	
Malling Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	P	
		-		UAT	TEAH	\$	
Description of Contribution:					l		······································
Full Name of Contributor							
			<u>MO, .</u>	DAY	YEAR	\$	
Mailing Address			мо.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)			<u> </u>		
			MO.	DAY	YEAR	\$	
Description of Contribution;	dd			l	I		
Full Name of Contributor							
			MO,	DAY.	YEAR	\$	
Mailing Address	······		MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				\$	
	- ale		MO.	DAY	YEAR	\$	
Description of Contribution:	<u>L</u>		4	1	<u> </u>		
Full Name of Contributor							
			<u>MO.</u>	DAY	YEAR	\$	
Mailing Address			MQ.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)				ф 	
			<u>MO.</u>	DAY	YEAR	\$	
Description of Contribution:	L		<u>هــــــــــــــــــــــــــــــــــــ</u>		1		
Enter Grand Total of Part F on Sche	dule II,	In-Kind Contributi	ons Det	ailed		PAGE	TOTAL

Summary Page, Section 2.

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SCHEDULE II IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting	Declard		
Friends of Will	N	^{1}H				2 10 4/9/12	
TTURS OF WIT	/ IC	<i>)</i>		From _	111	5 10 1/112	
				DATE		AMOUNT	
Full Name of Contributor		_	MO.	DAY	YEAR	\$ ADALF	
Mailing Address	- IÉ					* NONC	
	JNE		MO.	DAY	YEAR	\$	
City	State	Z(p Code (Plus 4)	MO.	DAY	YEAR		
	-	-				\$	
Employer of Contributor		1	Occupat	ion	_L		
Employer Mailing Address Principal Place of Business)		Descript	ion of Cor	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		0		<u> </u>	¥	
			Occupat	101			
Employer Mailing Address/Principal Place of Business			Descript	ion of Cor	tribution		
• • • • • • • • • • • • • • • • • • • •				, on a, co,	101001101		
Full Name of Contributor			MO.	DAY	YEAR		
					TGAN	\$	
Mailing Address			MO.	DAY	YEAR		
				1		\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
						\$	
Employer of Contributor			Occupati	an			
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	tribution		
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address						4	
			<u>MO:</u>	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY -	YEAR	·····	
					ISOT	\$	
Employer of Contributor			Occupati	on	1		
Employer Mailing Address/Principal Place of Business		······································	Descripti	ion of Con	tribution		
Full Name of Contributor			- MO.	DAY	YEAR	¢	
Molling Address						\$	
Mailing Address			MO,	DAY	YEAR	\$	
Cíty	State	Zip Code (Plus 4)					
	Q.e.e	210 CV06 (FIUS 4) 	<u>MO.</u>	DAY	YEAR	\$	
Employer of Contributor	1		Occupation	on	LI		
Employer Mailing Address/Principal Place of Business			Description of Contribution				
		· · · · · · · · · · · · · · · · · · ·				PAGE TOTAL	
Enter Grand Total of Part G on Sche Summary Page, Section 3.	aule II	, In-Kind Contribu	tions De	etailed		\$ NONE	
Sector age, Sector S.							

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends OF Will t	1-1	1	F	eporting	Period	\sim $ulol$
TTIONAS OF WITT	YOF	<i>t</i>		From _][1]]	2 10 4/9/12
Montgomerus County	Dër	nacratlery	мо. /	DAY 27	YEAR 12	s 300.00
70 box 859		••••••••••••••••••••••••••••••••••••••	au	Di A	NO.	hairman's dub
City MOVISTOUR	PA	Zip Code (Pius 4) 19404 -		0		
To Whom Paid 110W grave Past	Ófi	fiæ	мо. /	J7	YEAR 12	Amount 6.00
Easton Ka			Description	on of Exp	engiture L'I C	int-for
Willow Givae	PÅ	Zip Code (Plus 4)	Ĥ	-	#4	
To Whom PAORDC /Ab mgAen KUC	Hei	1 Demucratic		DAY	YEAR	Amount \$ 140,00
PODOX BD	·	0		Ret	40 C	itlend
Abington	\$7A	Zip Code (Plus 4) 19001 -	Sp	nng	Ba	nguet
To Whom Paid			MO:	DAY	- YEAR	Afe/ount \$
Mailing Address			Descripti	on of Exp	enditure	
City	State	Zip Code (Plus 4) 				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Expe	nditure	_⊅
City	State	Zip Code (Plus 4)				
To Whom Paid			MQ.	DAY	YEAR	Amount
Mailing Address			Descripti	on of Expe	enditure	\$
City	State	Zip Code (Plus 4)				
		uaa.				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descriptu	on of Expe	nditure	
Сну	State	Zip Code (Plus 4)				
To Whom Paid	1		MO.	DÁY	YERR	Amount
Mailing Address			Descriptio	on of Expe	nditora	\$
СНу	State	Zip Code (Plus 4)				
		••••				
Enter Grand Total of Expenditures on Pag	30 1, F	Report Cover Pa	ge, Ite	m D.		page total \$ 536,00

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	STATEMENT Use this Section to item which are outstanding	nize all unpaid	debts	and obli orting p	gations eriod.	3
Name of Filing Committee	or Candidate FWill HOH			Reporting From	Period	12 To 4/9/12
Name of Creditor	.17.					Outstanding, Balance of Deb \$ NONE
Mailing Address	NONE	DATE DEBT INCURRED	MO.	DAY	YEAR	3
City Description of Debt	10		State	Z:p Code	e (Plus 4) -	
Name of Creditor						
Mailing Address		DATE	MO.	DAY	YEAR	Outstanding Balance of Deb
City		DEBT INCURRED	State		Plus 4)	
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
Mailing Address		DATE DEBT	MO.	DAY	YEAR	.
City		INCURRED	State	Zip Code	(Plus 4)	
Description of Debt		77 - Marco 1997 - 199				
Name of Creditor						Outstanding Balance of Debt \$
City		DATE DEBT INCURBED	MO. State	Zip Code	(Plus 4)	
Description of Debt					- 	
Name of Creditor						Outstanding Balance of Debt
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Сіту		INCURRED	Stata	Zip Code	(Flus 4)	
Description of Debt	allen de la constante de la con		I			
Name of Creditor						Outstanding Balance of Debt
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City Description of Debt			State	Zip Code		
Enter Grand Total of	Unpaid Debts on Page 1,	Report Cover	Page, I	tam G.		S NONE

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