

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="checkbox"/>	Report Filed By: <input type="checkbox"/>	CANDIDATE <sup>1</sup> <input type="checkbox"/>	COMMITTEE <sup>2</sup> <input checked="" type="checkbox"/>	LOBBYIST <sup>3</sup> <input type="checkbox"/>
Name of Filing Committee, Candidate, or Lobbyist: <u>Friends of Will HOH</u>				
Street Address: <u>PO Box 483</u>				
City: <u>Willow Grove</u>		State: <u>PA</u>	Zip Code: <u>19090</u>	

TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY <sup>1</sup>	2ND FRIDAY PRE-PRIMARY <sup>2</sup> <input checked="" type="checkbox"/>	30 DAY POST PRIMARY <sup>3</sup>	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION <sup>4</sup>	2ND FRIDAY PRE-ELECTION <sup>5</sup>	30 DAY POST ELECTION <sup>6</sup>	TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	ANNUAL REPORT <sup>7</sup>	YEAR <u>2012</u>	FILING METHOD <input type="checkbox"/> CHECK ONE	PAPER <input type="checkbox"/> DISKETTE <input type="checkbox"/>

Name of Office Sought by Candidate: <u>Sheriff of Montgomery County</u>	DATE OF ELECTION	District Number	Office Code	Party Code	County Code
	MO. DAY YEAR <u>11 8 2011</u>	<u>46</u>	<u>OTH</u>	<u>DEM</u>	<u>DEM</u>

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:	MO. DAY YEAR	To	MO. DAY YEAR	FOR OFFICE USE ONLY  2012 APR 12 PM 2:00 RECEIVED
	<u>1 1 2012</u>		<u>4 9 2012</u>	
	A. Amount Brought Forward From Last Report	\$	<u>2,100.28</u>	
	B. Total Monetary Contributions and Receipts (From Schedule I)	\$	<u>0.00</u>	
	C. Total Funds Available (Sum of Lines A and B)	\$	<u>0.00</u>	
	D. Total Expenditures (From Schedule III)	\$	<u>536.00</u>	
	E. Ending Cash Balance (Subtract Line D from Line C)	\$	<u>1,564.28</u>	
	F. Value of In-Kind Contributions Received (From Schedule II)	\$	<u>0.00</u>	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	<u>0.00</u>		

**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 12<sup>th</sup> day of April 20 12

Alison Tea Mason Signature

My commission expires Feb 11 2015  
MO. DAY YR.

Paula Mason Signature of Person Submitting Report  
Paula MASON Printed Name  
215 Area Code 657-3076 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 15<sup>th</sup> day of April 20 12

Alison Tea Mason Signature

My commission expires Feb 11 2015  
MO. DAY YR.

William A Holz Jr Signature of Candidate  
William A Holz Jr Printed Name  
215 Area Code 657 1281 Daytime Telephone 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 TOWNSHIP, MONTGOMERY COUNTY  
 My Commission Expires Feb 11, 2015

**CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Will Hott</i>	Reporting Period From <i>1/1/12</i> To <i>4/9/12</i>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>		
	TOTAL for the Reporting Period	(1) \$ <i>0.00</i>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</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>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>		
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>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>		
	TOTAL for the Reporting Period	(4) \$ <i>0.00</i>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> <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 <i>Friends of Will Holt</i>	Reporting Period From <i>1/1/12</i> To <i>4/9/12</i>
--	---

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
<del>Full Name of Contributing Committee</del>	<del>MO. DAY YEAR</del>			<del>\$</del>
<del>Mailing Address</del>	<del>MO. DAY YEAR</del>			<del>\$</del>
<del>City</del>	<del>State</del>	<del>Zip Code (Plus 4)</del>		<del>\$</del>
<del>Full Name of Contributing Committee</del>	<del>MO. DAY YEAR</del>			<del>\$</del>
<del>Mailing Address</del>	<del>MO. DAY YEAR</del>			<del>\$</del>
<del>City</del>	<del>State</del>	<del>Zip Code (Plus 4)</del>		<del>\$</del>
<del>Full Name of Contributing Committee</del>	<del>MO. DAY YEAR</del>			<del>\$</del>
<del>Mailing Address</del>	<del>MO. DAY YEAR</del>			<del>\$</del>
<del>City</del>	<del>State</del>	<del>Zip Code (Plus 4)</del>		<del>\$</del>
<del>Full Name of Contributing Committee</del>	<del>MO. DAY YEAR</del>			<del>\$</del>
<del>Mailing Address</del>	<del>MO. DAY YEAR</del>			<del>\$</del>
<del>City</del>	<del>State</del>	<del>Zip Code (Plus 4)</del>		<del>\$</del>
<del>Full Name of Contributing Committee</del>	<del>MO. DAY YEAR</del>			<del>\$</del>
<del>Mailing Address</del>	<del>MO. DAY YEAR</del>			<del>\$</del>
<del>City</del>	<del>State</del>	<del>Zip Code (Plus 4)</del>		<del>\$</del>
<del>Full Name of Contributing Committee</del>	<del>MO. DAY YEAR</del>			<del>\$</del>
<del>Mailing Address</del>	<del>MO. DAY YEAR</del>			<del>\$</del>
<del>City</del>	<del>State</del>	<del>Zip Code (Plus 4)</del>		<del>\$</del>
<del>Full Name of Contributing Committee</del>	<del>MO. DAY YEAR</del>			<del>\$</del>
<del>Mailing Address</del>	<del>MO. DAY YEAR</del>			<del>\$</del>
<del>City</del>	<del>State</del>	<del>Zip Code (Plus 4)</del>		<del>\$</del>
<del>Full Name of Contributing Committee</del>	<del>MO. DAY YEAR</del>			<del>\$</del>
<del>Mailing Address</del>	<del>MO. DAY YEAR</del>			<del>\$</del>
<del>City</del>	<del>State</del>	<del>Zip Code (Plus 4)</del>		<del>\$</del>
<del>Full Name of Contributing Committee</del>	<del>MO. DAY YEAR</del>			<del>\$</del>
<del>Mailing Address</del>	<del>MO. DAY YEAR</del>			<del>\$</del>
<del>City</del>	<del>State</del>	<del>Zip Code (Plus 4)</del>		<del>\$</del>

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

PAGE TOTAL \$ <i>NONE</i>
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**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 <i>Friends of Will Hott</i>	Reporting Period From <i>11/1/12</i> To <i>4/9/12</i>
--	--

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

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.	PAGE TOTAL \$ <i>NONE</i>
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# 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 <span style="font-size: 1.2em; font-family: cursive;">Friends of Will HoH</span>	Reporting Period From <span style="font-size: 1.2em; font-family: cursive;">11/1/12</span> To <span style="font-size: 1.2em; font-family: cursive;">4/9/12</span>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	\$
<span style="font-size: 2em; font-family: cursive;">NONE</span>				<span style="font-size: 1.5em; font-family: cursive;">NONE</span>
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)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

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

PAGE TOTAL \$ <span style="font-size: 1.5em; font-family: cursive;">NONE</span>
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**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 HoH</i>	Reporting Period From <i>11/12</i> To <i>4/9/12</i>
---	--

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

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

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

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

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	\$
<i>NONE</i>				\$
Mailing Address				\$
City				\$
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 <b>Friends of Will Hott</b>	Reporting Period From <b>1/1/12</b> To <b>4/9/12</b>
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Full Name						
Mailing Address						
<del>City</del>	<del>State</del>	<del>Zip Code (Plus 4)</del>	<del>MO.</del>	<del>DAY</del>	<del>YEAR</del>	Amount <b>\$ NONE</b>
<del>Receipt Description</del>						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount <b>\$</b>
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount <b>\$</b>
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount <b>\$</b>
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount <b>\$</b>
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount <b>\$</b>
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.	PAGE TOTAL <b>\$ NONE</b>
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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 HoH</i>	Reporting Period From <u>11/1/12</u> To <u>4/9/12</u>
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ <u>0.00</u>

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

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

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (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>11/1/12</u> To <u>4/9/12</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
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SCHEDULE II  
PART G  
**IN-KIND CONTRIBUTIONS RECEIVED**  
VALUE OVER \$250.00

Name of Filing Committee or Candidate <div style="font-size: 1.2em; font-family: cursive;">Friends of Will Hott</div>	Reporting Period From <u>1/1/12</u> To <u>4/9/12</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	\$
NONE				NONE
Mailing Address				\$
City				\$
Employer of Contributor				\$
Employer Mailing Address/Principal Place of Business	Occupation			
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	Occupation			
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	Occupation			
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	Occupation			
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	Occupation			
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
\$ <span style="font-size: 1.5em; font-family: cursive;">NONE</span>

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Friends of Will Hott</b>	Reporting Period From <u>1/1/12</u> To <u>4/9/12</u>
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To Whom Paid <b>Montgomery County Democratic Party</b>	MO. <u>1</u> DAY <u>27</u> YEAR <u>12</u>	Amount <b>\$ 300.00</b>
Mailing Address <b>PO Box 857</b>	Description of Expenditure <b>dues for Chairman's club</b>	
City <b>Norristown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19404-</b>

To Whom Paid <b>Willow Grove Post Office</b>	MO. <u>1</u> DAY <u>27</u> YEAR <u>12</u>	Amount <b>\$ 96.00</b>
Mailing Address <b>Easton Rd</b>	Description of Expenditure <b>Annual rent for PO Box #483</b>	
City <b>Willow Grove</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19090</b>

To Whom Paid <b>ARDC / Abington Rockledge Democratic Committee</b>	MO.    DAY    YEAR	Amount <b>\$ 140.00</b>
Mailing Address <b>PO Box 132</b>	Description of Expenditure <b>ticket to attend Spring Banquet</b>	
City <b>Abington</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19001-</b>

To Whom Paid	MO.    DAY    YEAR	Amount <b>\$</b>
Mailing Address	Description of Expenditure	
City	State	Zip Code (Plus 4)

To Whom Paid	MO.    DAY    YEAR	Amount <b>\$</b>
Mailing Address	Description of Expenditure	
City	State	Zip Code (Plus 4)

To Whom Paid	MO.    DAY    YEAR	Amount <b>\$</b>
Mailing Address	Description of Expenditure	
City	State	Zip Code (Plus 4)

To Whom Paid	MO.    DAY    YEAR	Amount <b>\$</b>
Mailing Address	Description of Expenditure	
City	State	Zip Code (Plus 4)

To Whom Paid	MO.    DAY    YEAR	Amount <b>\$</b>
Mailing Address	Description of Expenditure	
City	State	Zip Code (Plus 4)

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	PAGE TOTAL <b>\$ 536.00</b>
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## 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 HoH</i>	Reporting Period From <i>1/1/12</i> To <i>4/9/12</i>
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Name of Creditor				Outstanding Balance of Debt					
<i>NONE</i>				\$ <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					
<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					
<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					
<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					
<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					
<i>NONE</i>				\$					
				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 \$ <i>NONE</i>
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