

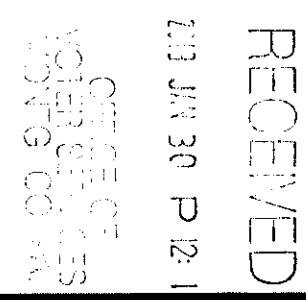
CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:	Report Filed By:	CANDIDATE ¹	COMMITTEE ² <input checked="" type="checkbox"/>	LOBBYIST ³
Name of Filing Committee, Candidate or Lobbyist: Friends of Will Hoh				
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 <input checked="" type="checkbox"/>	YEAR 2012	FILING METHOD <input checked="" type="checkbox"/> CHECK ONE	PAPER	<input checked="" type="checkbox"/>	DISKETTE

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

Summary of Receipts and Expenditures from:	MO. DAY YEAR	To	MO. DAY YEAR	FOR OFFICE USE ONLY	
	04 10 2012		12 31 2012		
A. Amount Brought Forward From Last Report	\$	1,564.28			
B. Total Monetary Contributions and Receipts (From Schedule II)	\$	0.00			
C. Total Funds Available (Sum of Lines A and B)	\$	1,564.28			
D. Total Expenditures (From Schedule III)	\$	832.50			
E. Ending Cash Balance (Subtract Line D from Line C)	\$	731.78			
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00			
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00			

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 29th day of January, 2012

NOTARIAL SEAL
KYLIE WADE 13
Notary Public
UPPER MORELAND TWP, MONTGOMERY CNTY
My Commission Expires Jun 26, 2013

Signature of Person Submitting Report: Paula Mason
Printed Name: Paula MASON
Area Code: 215 Daytime Telephone Number: 657-3076

My commission expires MO. DAY YR. 6 26 2013

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 _____ day of _____, 20____

Signature: _____

Printed Name: _____

Area Code: _____ Daytime Telephone Number: _____

My commission expires MO. DAY YR. _____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Will Holt</i>	Reporting Period From <i>4/10/12</i> To <i>12/31/12</i>
--	--

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 <i>Friends of Will Holt</i>	Reporting Period From <i>4/10/12</i> To <i>12/31/12</i>
--	--

	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee				\$ <i>NONE</i>
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 A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$ <i>NONE</i>

**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 Holt	Reporting Period From 4/10/12 To 12/31/12
--	--

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)				\$
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
\$ **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 Hott; Reporting Period: From 4/10/12 To 12/31/12

Table with columns: Full Name of Contributing Committee, Mailing Address, City, State, Zip Code (Plus 4), DATE (MO., DAY, YEAR), AMOUNT (\$). Contains 10 rows of contribution data, all of which are crossed out with a diagonal line and labeled '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 <i>4/10/12</i> To <i>12/31/12</i>
--	--

				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 Friends of Will Holt	Reporting Period From 4/10/12 To 12/31/12
--	--

Full Name							
Mailing Address							
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$ NONE	
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 \$ NONE

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 <i>4/10/12</i> To <i>12/31/12</i>
--	--

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>0.00</i>

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

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

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.)	\$ <i>0.00</i>
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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 Holt	Reporting Period From 4/10/12 To 12/31/12
--	--

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	\$
NONE				NONE
Mailing Address				\$
City				\$
Description of Contribution:				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
Description of Contribution:				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
Description of Contribution:				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
Description of Contribution:				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
Description of Contribution:				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
Description of Contribution:				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
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 Friends of Will Holt	Reporting Period From <u>4/10/12</u> To <u>12/31/12</u>
--	--

	DATE			AMOUNT
	MO.	DAY	YEAR	\$
Full Name of Contributor				NONE
Mailing Address				
City				
State				
Zip Code (Plus 4)				
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor				NONE
Mailing Address				
City				
State				
Zip Code (Plus 4)				
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor				NONE
Mailing Address				
City				
State				
Zip Code (Plus 4)				
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor				NONE
Mailing Address				
City				
State				
Zip Code (Plus 4)				
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor				NONE
Mailing Address				
City				
State				
Zip Code (Plus 4)				
Employer of Contributor	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
\$ **NONE**

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Will Holt	Reporting Period From 4/10/12 To 12/31/12
--	--

To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
Montgomery County Democratic Party	04	28	2012	\$ 250.00	dues Chairmans club
Mailing Address PO Box 854					
City Norristown	State PA	Zip Code (Plus 4) 19004			
Wells Fargo Bank	04	30	2012	\$ 2.50	Bank fees acct below
Mailing Address 2090 County Line Rd					
City Huntingdon Valley	State PA	Zip Code (Plus 4) 19006			
Wells Fargo Bank	05	31	2012	\$ 2.50	bank fees, acct below
Mailing Address					
City	State	Zip Code (Plus 4) -			
Wells Fargo Bank	06	29	2012	\$ 2.50	bank fees, acct below
Mailing Address					
City	State	Zip Code (Plus 4) -			
Wells Fargo Bank	07	31	2012	\$ 2.50	bank fees, acct below
Mailing Address					
City	State	Zip Code (Plus 4) -			
Wells Fargo Bank	08	31	2012	\$ 2.50	bank fees, acct below
Mailing Address					
City	State	Zip Code (Plus 4) -			
Montgomery County Democratic Party	09	20	2012	\$ 250.00	dues Chairmans club
Mailing Address PO Box 854					
City Norristown	State PA	Zip Code (Plus 4) 19004			
Chesterham Printing	09	20	2012	\$ 80.00	
Mailing Address 518 Ryers Ave					
City Chesterham	State PA	Zip Code (Plus 4) 19012			

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

PAGE TOTAL
\$ 592.50

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Will Holt	Reporting Period From 4/10/12 To 12/31/12
--	--

To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
Wells Fargo Bank	09	28	2012	\$ 2.50	bank fees, acct below
Mailing Address 2090 County Line Rd					
City Huntingdon Valley	State PA	Zip Code (Plus 4) 19006		min balance requirement	
Willow Grove NDAACP	10	21	2012	\$ 80.00	fee for banquet tickets
Mailing Address 1416 Rothley Ave					
City Willow Grove	State PA	Zip Code (Plus 4) 19090			
Wells Fargo Bank	10	31	2012	\$ 2.50	bank fees, acct below
Mailing Address					
City	State	Zip Code (Plus 4)		min balance	
Wells Fargo Bank	11	30	2012	\$ 2.50	bank fees, acct below
Mailing Address					
City	State	Zip Code (Plus 4)		min balance	
Willow Grove NDAACP	12	21	2012	\$ 150.00	fee for lifetime membership
Mailing Address 1416 Rothley Ave					
City Willow Grove	State PA	Zip Code (Plus 4) 19090			
Wells Fargo Bank	12	31	2012	\$ 2.50	bank fees, acct below
Mailing Address					
City	State	Zip Code (Plus 4)		min balance	
To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
				\$	
Mailing Address					
City	State	Zip Code (Plus 4)			
To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
				\$	
Mailing Address					
City	State	Zip Code (Plus 4)			

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

PAGE TOTAL
\$ 240.00

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 Friends of Will Holt	Reporting Period From 4/10/12 To 12/31/12
--	--

Name of Creditor					Outstanding Balance of Debt	
NONE					\$ NONE	
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							

PAGE TOTAL
\$ NONE

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