	PAGE 1 OF	13
IRT	-	(COVER PAGE)

#### Commonwealth of Pennsylvania CAMPAIGN FINANCE REPORT

(NOTE:	This report must	be clear and	legible.	lt may l	pe typed or printed	in blue or t	olack in	k.)			
Filer Identification	,		Report Filed B	y: 🕨	CANDIDATE	COMM	TTEE	$\times$	LOBB	YIST 3.	·
Name of Filing Committee, C	OF Will C	HOH									
Street Address POBOX	483										
City: Willow	Grave				State: PA	Zip Coc	<sup>10:</sup> 19	ÔH	5		
	H TUESDAY 1.	2ND FRID	ARY		30 DAY 3. POST PRIMARY	AMEND	11. Yi	YES		NO	
	TUESDAY 4.	2ND FRID			30 DAY POST ELECTION	TERMIN		YES		NO	
		YEAR	BUI	λţ		PAPI	5 <b>R</b>	$\boxtimes$	DISK	ETTE	
Name of Office Sought by C			<i>,</i>		DATE OF ELECTIC	Number	Offic Code		Party Code	Cour	
Shariff of	- Matga	meny l	ON	ły	MO. DAY YEAR	-46	OTH	+ J	<u>)EM</u>	FOR CO	M DES!
							OR OF	FICE I	JSE O	NLY	
Summary of Receip and Expenditures f	$\begin{array}{c} \text{ots} \\ \text{rom:} \end{array} \qquad $		A J	То	HO. DAY YEAR						
A. Amount Brought Forv	vard From Last Rep	port		\$	1,564.28		. *	ŗ			
B. Total Monetary Contr	ibutions and Receip	ts (From Sch	nedule I)	\$	0.00	1		í.			
C. Total Funds Available	(Sum of Lines A	and B)		\$	1,564,28	20 20				$\square$	
D. Total Expenditures (F	rom Schedule III)			\$	832.50	G	$c_{c}$	ίι	ມ ⊇	Ξń.	
E. Ending Cash Balance	(Subtract Line D fr	om Line C)		\$	731.78			l	σ	$\sim$	
F. Value of In-Kind Co	ntributions Received	d (From Sche	edule II)	\$	0.00			1	<u>5</u>		
G. Unpaid Debts and Ob	ligations (From Sch	edule IV)		Ş	0.00		ັນ -			$\cup$	
PART I - If this is a C	ommittee report 1	reasurer sign	AFFIDAV here.			t, candidate	sign he			- Une Frie I	
1 swear (or affirm) that thi										pelief tri	ue,
correct and complete. Sworn to and subscribed	Januar	NOTARIAL SE			Aque	and	<u>LX</u>		or 1		
	Signa My Comm	AND TWP, MO	NTGOMER Jun <u>26,</u> 20		<u> </u>	Printed N	ame	$\overline{N}$	~ ~		
My commission expires	MO. DA	V 20	<u>が</u> ろ	<u> </u>	Area Code	65	Daytime	30, Teleph	ione Nu	mber	
				144	and shate a ball at a	- barret	میرو می میرو مراجع می میروند ا				
PART I - if this is a li i swear (or affirm) that to	the best of my know	ate's Author ladge and belie	nt this poli	tical co	mmittee has not violet	ed any provis	ions of	the Act	of Jun	e 3, 193	37
(P.L. 1333, No. 320) as am Sworn to and subscribed											
day of	······································		20	] -		Signature of C	Cendidate	,	.,		
	Signature			} -		Printed N	lame				
My commission expires	MO. DA	Y YR.		J.	Area Code		Daytime	Telept	ione Ni	ımber	

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

;

#### SCHEDULE I

## CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate Fri Ends OF Will HOH-

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

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART & AND PART B)	i Anna A Marazakan Marazakan Marazakan	
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 - REFUNDS, I	NTEREST EARNED, RETURNED	CHECKS, ETC	), (F	ROM PART E)	
	TOTAL for the Reporting Period	od (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	\$ 0.00
Cover Page, Item B.)	0.00

Reporting Period From 4/10/12 To 12/31/12

PAGE 2 OF \_ 13

PAGE <u>3</u> OF <u>13</u>

# 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	4/211		Re	porting P From イ	eripd 411011	2 To 12/31/12
Fn ends of Will	IYUIT				<u>· + · - + ·</u>	AMOUNT
All Marris of Constributing Committees			MO.	DATE	YEAR	
Full Name of Contributing Committee	)					\$ NONE
Meiling Address ACT	2		MÒ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
~~~		- _				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO,	DAY	YEAR	
include states and						\$
Сіңу	State	Zip Code (Plus 4)	MO.	DĂY	YEAR	\$
		••••		DAY	YEAR	Ψ
Full Name of Contributing Committee			<u>MO.</u>	DAY	<u>. 1648 -</u>	\$
Mailing Address		<u></u>	: MO, 1	DAY	YEAR	\$
	1 64-44	Zip Code (Plus 4)			YEAR	₩
City	State		MO.	DAY	TEAN	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Full Haine of Contributing Connected						\$
Mailing Address			MO,	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	
		····				\$
Full Name of Contributing Committee			<u>M0.</u>	DAY	YEAR	\$
Mailing Address			мо.	DAY	YEAR	¢
						\$
City	State	Zip Code (Plus 4)	<u>MO.</u>	DAY.	YEAR	\$
			MO.	DAY	YEAR	
Full Name of Contributing Committee						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Ptus 4)	MO.	DAY	YEAR	
				1	[	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
		· • · · · · · · · · · · · · · · · · · ·	MQ.	DAY	YEAR	-
Mailing Address				1		\$
Сну	State	Zip Code (Plus 4)	<u>MQ.</u>	DAY	YEAR	\$
			MO	DAY	YEAR	3
Full Name of Contributing Committee						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
				0		PAGE TOTAL
Enter Grand Total of Part A on Sc	hedule	I, Detailed Summa	ary Page	, Sectio	on 2.	\$ NONE

**ð**:

. . . .......

PAGE 4 OF 13

## 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 Friends of	Will HOH	_	R	eporting From <u></u>	Peripd 4/10	(12 To 13/31/12
Full Name of Contributor				DATE		AMOUNT
	NONE		MO.	DAY	YEAR	\$ NONE
Mailing Address	NON		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Full Name of Contributor			MO.	<b></b>		\$
Mailing Address			180.	DAY	YEAR	\$
mannig Modess			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Full Name of Contributor						\$
			<u>MO.</u>	DAY	YEAR	\$
Mailing Address		······································	Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO,	DAY	YEAR	
Full Name of Contributor						\$
			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Ψ
Sull Name of Occurs						\$
Full Name of Contributor			<u>• MO.</u>	DAY	YEAR	\$
Mailing Address		······································	MO.	DAY	YEAR	\$
City	Stete	Zip Code (Plus 4)	MO.	DAY	YEAR	<b>*</b>
						\$
Full Name of Contributor			M0	DAY.	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	VEAD	<b>Þ</b>
					YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address	· · · · · · · · · · · · · · · · · · ·	<u> </u>	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	<b>₽</b>
		-		Larry 1	<u></u>	\$
Full Name of Contributor			MO,	DAY	YEAR	\$
Mailing Address	· · · · · · · · · · · · · · · · · · ·		MO.	DAY	YEAR	-
City	Støte	Zip Code (Plus 4)		DAY	MEAS	\$
		_	MO.	DAY	YEAR	\$
						PAGE TOTAL
Enter Grand Total of Pa	rt B on Schedule I,	Detailed Summar	ry Page, S	ection	2.	\$ NONE
EB-502 (7-99)					-	

PAGE <u>5</u> OF 13

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	1211		Re	eporting	Period	AMOUNT
Friends of Will 1	NOH			From		
			- MO.	DATE	YEAR	AMOUNT
Full Name of Contributing Committee	Ξ.		WILL.		1600	\$ NONE
Full Name of Contributing Committee Meiling Address			MÔ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			M0.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	- MO.	DAY	YEAR	\$
Full Name of Contributing Committee	1		MQ.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		DAY	YEAR	\$
		_				<b>Ф</b>
Full Name of Contributing Committee			<u>MQ.</u>	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
Cîty	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	\$
Full Name of Contributing Committee	<u>t</u>		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	\$
City	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			. мо.	DAY	YEAR	\$
Mailing Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	at a MQs at	DAY	YEAR	\$
Enter Grand Total of Part C on Sch	<u> </u>	Detailed Summe	ny Paga	Saatio	n 3	page total \$ NONE

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

DSEB-502 (7-99)

Use this Part to	itemize all oth	OVER \$250.00 her contributions 0 in the reporting	with an	aggre	gate va	lue of
	ibutions from	political commit	ttees rep	ported		C.)
Name of Filing Committee or Candidate Fri <i>end</i> S OF Will	tloH		Re	From	Peripd 14/10/1	1) To 12/31/10
				DATE		AMOUNT
Full Name of Contributor	r			DAY		\$ NONE
Meiling Address	NE	· ·	MO.	DAY	YEAR	\$
City O	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name		·····	Occupatio	an		>
						<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Employer Mailing Address/Principal Place of	Business					
Full Name of Contributor		<u> </u>	MO.	DAY	YEAR	\$
Mailing Address	*************		MO.	DAY	YEAR	\$
		Zip Code (Plus 4)	MO.	DAY	YEAR	Φ
City	State	Zip Code imius mi			I GOIT	\$
Employer Name			Occupatio	חפ		
Employer Mailing Address/Principal Place of	Business	NUR 1945				
			MO.	DAY	YEAR	
Full Name of Contributor						\$
Mailing Address	********		<u>MOUL</u>	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Öccupati	on		¥
Employer Mailing Address/Principal Place of	Business					
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR.	\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	<b>Ъ</b>
City		-			La de Mens	\$
Employer Name			Occupati	on		
Employer Mailing Address/Principal Place of	Business					<u></u>
and the second sec			- MO.	DAY	YEAR	
Full Name of Contributor						\$
Mailing Address			<u>. MO.</u>	DAY_	YEAR	\$
City	State	Zip Code (Plus 4)	. MO.	DAY	YEAR	\$
			Occupati	ion	<u> </u>	
Employer Nama			Occupat			

Enter Grand Lotal of DSEB-502 (7-99)

page 7\_of 13

#### 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.

Iting Address V 210 Code (Plus 4) 210 Code (Plus 4) 210 Code (Plus 4) 3 MOUNT S MOUNT S MOUNT S MOUNT S MOUNT S Color Description Color De	ne of Filing Committee or Ca Friends: 0-f		······	'			<u>) to 12/31</u>
NY Zip Code (Plus 4) MO. DAY YEAR AMOUNT S MONET cerior Description  If Name  Siling Address  YY State Zip Code (Plus 4) MO. DAY YEAR AMOUNT S  Cerior Description  If Name  Siling Address  Ity State Zip Code (Plus 4) MO. DAY YEAR AMOUNT S  Cerior Description  If Name  Siling Address  Ity State Zip Code (Plus 4) MO. DAY YEAR AMOUNT S  Cerior Description  If Name  Siling Address  Ity State Zip Code (Plus 4) MO. DAY YEAR AMOUNT S  Cerior Description  If Name  If Name  If Name  If Name  If Name  If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If Name If N	II Name		[/				
script Description  Jil Name  Try  State Zip Code (Plus 4) MO, DAY YEAR Amount S  acceipt Description  UI Name  Totaling Address  State Zip Code (Plus 4) MO, DAY YEAR Amount S	ailing Address	NOM	10-01	<u></u>			
eceipt Description  UI Name  toting Address  ity  State Zip Code (Plus 4) MO, DAY YEAR Amount  s  acceipt Description  UI Name  Anting Address  ity  State Zip Code (Plus 4) MO, DAY YEAR Amount  s  Amount  ful Name  Walling Address  Eliy State Zip Code (Plus 4) MO, DAY YEAR Amount S  Am	ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$ NONE
State     Lip Code (Plus 4)     MO.     DAY     MeAR     Amount state       dailing Address     State     Zip Code (Plus 4)     MO.     DAY     Mount state       State     Zip Code (Plus 4)     MO.     DAY     Mount state       State     Zip Code (Plus 4)     MO.     DAY     Mount state       State     Zip Code (Plus 4)     MO.     DAY     YEAR     Amount state       State     Zip Code (Plus 4)     MO.     DAY     YEAR     Amount state       State     Zip Code (Plus 4)     MO.     DAY     YEAR     Amount state       State     Zip Code (Plus 4)     MO.     DAY     YEAR     Amount state       State     Zip Code (Plus 4)     MO.     DAY     YEAR     Amount state       State     Zip Code (Plus 4)     MO.     DAY     YEAR     Amount state       Kaling Address     State     Zip Code (Plus 4)     MO.     DAY     YEAR     Amount state       Full Name     Mailing Address     Zip Code (Plus 4)     MO.     DAY     YEAR     Amount state       Gity     State     Zip Code (Plus 4)     MO.     DAY     YEAR     Amount state	eceipt Description			<u> </u>	l.		
ity State Zip Code (Plus 4) MO. DAY YEAR AMOUNT scelet Description UI Name Apiling Address State Zip Code (Plus 4) MO. DAY YEAR AMOUNT scelet Description UI Name Mailing Address State Zip Code (Plus 4) MO. DAY YEAR AMOUNT State Zip Code (Plus 4) MO. DAY YEAR AMOUNT S State Zip Code (Plus 4) MO. DAY YEAR AMOUNT S S State Zip Code (Plus 4) MO. DAY YEAR AMOUNT S S State Zip Code (Plus 4) MO. DAY YEAR AMOUNT S S S S S S S S S	ull Name		····				
Ity     Ity <td>Nailing Address</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Nailing Address						
Interested Description       Address       State       Zip Code (Plus 4)       MQ,       Date (Plus 4)       MQ,       Date (Plus 4)       MQ,       Date (Plus 4)       MQ,       Date (Plus 4)       Mailing Address       Site       Site <td< td=""><td>Sity</td><td>State</td><td>Zip Code (Plus 4)</td><td>MO.</td><td>DAY</td><td>YEAR</td><td></td></td<>	Sity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Acceipt Description Section Se	Receipt Description			_1	[		
State     Zip Code (Plus 4)     MQ.     DAY     YEAR     Amount S       Naccipt Description     -     -     -     S       State     Zip Code (Plus 4)     MO.     DAY     YEAR     Amount S       Mailing Address     -     -     MO.     DAY     YEAR     Amount S       City     State     Zip Code (Plus 4)     MO.     DAY     YEAR     Amount S       Receipt Description     -     -     -     S     Amount S     S       Mailing Address     -     -     MD.     DAY     YEAR     Amount S       City     State     Zip Code (Plus 4)     MD.     DAY     YEAR     Amount S       Full Name     -     -     -     Amount S     S	ull Name						
State     Zip Code (Plus 4)     MQ.     DAY     YEAR     Amount S       Naccipt Description     -     -     -     S       State     Zip Code (Plus 4)     MO.     DAY     YEAR     Amount S       Mailing Address     -     -     MO.     DAY     YEAR     Amount S       City     State     Zip Code (Plus 4)     MO.     DAY     YEAR     Amount S       Receipt Description     -     -     -     S     Amount S     S       Mailing Address     -     -     MD.     DAY     YEAR     Amount S       City     State     Zip Code (Plus 4)     MD.     DAY     YEAR     Amount S       Full Name     -     -     -     Amount S     S	Mailing Address			<u></u>			<u>,</u>
Asceipt Description Full Neme Mailing Address City State Zip Code (Plus 4) MO. DAY YEAR AMOUNT S Receipt Description Full Name Mailing Address City State Zip Code (Plus 4) MO. DAY YEAR AMOUNT S Receipt Description Full Name Full Name Full Name Full Address City State Zip Code (Plus 4) MO. DAY YEAR AMOUNT S	City	State	•	MO.	DAY	YEAR	
State       Zip Code (Plus 4)       MO.       DAY       YEAR       Amount         Receipt Description       -       -       -       S       S         Mailing Address       -       -       -       S       S         City       State       Zip Code (Plus 4)       MD.       DAY       YEAR       Amount         Full Name       -       -       -       S       S       S         Full Name       -       -       -       S       S       S         Full Name       -       -       -       S       S       S         Mailing Address       -       -       -       S       S       S       S         City       State       Zip Code (Plus 4)       MO.       DAY       YEAR       Amount       S         City       State       Zip Code (Plus 4)       MO.       DAY       YEAR       Amount       S							\$
Mailing Address City  State Zip Code (Plus 4) MODAY YEAR AmOUNT \$  AmoUnt \$  Amount Amount Amount S  Amount S  Amount S  City State Zip Code (Plus 4) MODAY YEAR Amount S  Amo							
City State Zip Code (Plus 4) MO. DAY YEAR S Receipt Description  Full Name  Full Name  Full Name  Melling Address  City State Zip Code (Plus 4) MO. DAY YEAR Amount  S  City Code (Plus 4) MO. DAY YEAR Amount  S  City Code (Plus 4) MO. DAY YEAR Amount  S  City Code (Plus 4) MO. DAY YEAR Amount  S  City Code (Plus 4) MO. DAY YEAR Amount  S  City Code (Plus 4) MO. DAY YEAR Amount  S  City Code (Plus 4) MO. DAY YEAR Amount  S  City Code (Plus 4) MO. DAY YEAR Amount  S  City Code (Plus 4) MO. DAY YEAR Amount  S			<u></u>				
State     Zip Code (Plus 4)     MD.     DAY     YEAR     Amount       State     Zip Code (Plus 4)     MD.     DAY     YEAR     Amount       State     Zip Code (Plus 4)     MD.     DAY     YEAR     Amount       Receipt Description     -     -     -     S			7 (	1	·······	VEAT	Amount
State       Zip Code (Plus 4)       MO.       DAY       YEAR       Amount         City       State       Zip Code (Plus 4)       MO.       DAY       YEAR       Amount         Receipt Description       -       -       -       -       S       S         Full Name       -       -       -       MO.       DAY       YEAR       Amount         Gity       State       Zip Code (Plus 4)       MO.       DAY       YEAR       Amount         City       State       Zip Code (Plus 4)       MO.       DAY       YEAR       Amount	City	State	zip Code (Plus 4)	<u>M0.</u>	UAY	TEAR	
Mailing Address     State     Zip Code (Plus 4)     MD.     DAY     YEAR     Amount       Receipt Description     -     -     -     S       Full Name       Mailing Address       City     State     Zip Code (Plus 4)     MD.     DAY     YEAR     Amount       City     State     Zip Code (Plus 4)     MD.     DAY     YEAR     Amount	Receipt Description						
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 S	fuli Name						
City     State     Zip Code (rius 4)     Mot     Dity     S       Receipt Description	Mailing Address						
Receipt Description Full Name Meiling Address City State Zip Code (Plus 4) MO. DAY YEAR AMOUNT State Zip Code (Plus 4) State S	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
City State Zip Code (Plus 4) MO. DAY YEAR AMOUNT \$	leceipt Description	I		<u> </u>		1	
City State Zip Code (Plus 4) MO. DAY YEAR Amount \$	ull Name						
Sitty Sitte Lip cost with the site S	Aailing Address				<u></u>		
		State		MO.	DAY	YEAR	
	Receipt Description					<u>]</u>	- <b>L</b>
PAGE TOTAL		rt E on Schedule I,					\$ NONE

DSEB-502 (7-99)

-

SCHEDULE II



## 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** 

Reporting Period Name of Filing Committee or Candidate From 4/10/12 To 12/31/12 Fiends of Will HOH

IN-KIND CONTRIBUTIONS RECEIVED -	VALUE OF	\$50.00 OR	LESS	PER CONTRIBUTOR
TOTAL for the Re	porting Peric	od (1	\$	0.00

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

 TOTAL for the Reporting Period (2) \$ 0.00

3. IN-KIND CONTRIBUTION RECEIV	ED - VALUE OVER	\$250.00 (FROM F	PART G		
	TOTAL for the Re	eporting Period	(3)	\$ 0.00	

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

	$\boldsymbol{\mathcal{R}}$		12
PAGE		OF	10

#### SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

ame of Filing Committee or Candidate MMDS OF Will HO	L		Rep	orting P rom イ	eriod 1010	to k	2/31/12
MORES UT WIT NO				DATE	- <b>f</b>		QUNT
ull Name of Contributor			MO.		YEAR	\$ A1/7	ADE:
	í,		MQ.	DAY	YEAR	<u></u>	
Initing Address NON						\$	
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
escription of Contribution:	ll.						
ull Name of Contributor			MO.	DAY	YEAR	\$	
			NO	DAY	YEAR	¥	
Mailing Address			MO.			\$	
lity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Description of Contribution:		<u></u>	1				
ull Name of Contributor			MO.	DAY	YEAR	¢	
us name of Contributor						\$	
Nailing Address			MQ.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4) -	<u>мо.</u>	DAY	YEAR	\$	
Description of Contribution:			<u> </u>		l I		
Full Name of Contributor			MQ.	DAY	YEAR	\$	
Mailing Address			<u>MO.</u>	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$	
Description of Contribution:		<u></u>					
Full Name of Contributor			MO.	DAY	YEAR	\$	
					- VEAN		
Mailing Address			<u>MQ.</u>	DÁY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Description of Contribution:	<u> </u>			I		L	
			MO.	DAY	YEAR	¢	
Full Name of Contributor						\$	<u></u>
Mailing Address			<u>MO.</u>	DAY	YEAR	\$	
Сіту	State	Zip Code (Plus 4)	MD.	DAY	YEAR	\$	
Description of Contribution:		<u> </u>	I	1			
						PAGE TOT	AL
Enter Grand Total of Part F on Sc	hedule i	I, In-Kind Contribu	utions D	etailed		\$ No	ONE
Summary Page, Section 2.							~

page 10 of 13

#### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			Re	porting F	Period	) To 12/31/1)
Friends of Will Holt					$i \cup Uk$	
			MO.	DATE DAY I	YEAR	AMOUNT
Full Name of Contributor		-	F			\$
Mailing Address	IE		MO.	DAY	YEAR	\$ ANF
City NOP	Store	Zip Code (Plus 4)	- MO	DAY	YEAR	\$ 100000
Employer of Contributor	i		Occupatio	on	4	
Employer Mailing Address/Principal Place of Business			Descriptiv	on of Cont	tribution	
Fuli Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	Stere	Zip Code (Plus 4) -	MO,	DAY	YEAR	\$
Employer af Contributor	<u> </u>	<u> </u>	Occupatio	on	<b>_</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Employer Mailing Address/Principal Place of Business		<u></u>	Descripti	ion of Con	tribution	
Full Name of Contributor			MD,	DAY	YEAR	\$
Mailing Address			MO. :	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	- MO.	DAY	YEAR	\$
Employer of Contributor			Occupatio	an	فــــــه	<b>.</b>
Employer Mailing Address/Principal Place of Business			Descripti	ion of Con	tribution	
Full Name of Contributor			MQ,	DAY	YEAR	\$
Mailing Address		<u>, , , , , , , , , , , , , , , , , , , </u>	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer of Contributor	<u></u>		Occupati	ion		
Employer Mailing Address/Principal Place of Business			Descript	tion of Con	ntribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address		9,4149,99,99,99,99,99,99,99,99,99,99,99,99,9	MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	<u>. MO.</u>	DAY	YEAR	- <b>\$</b>
Employer of Contributor			Occupati	ion		
Employer Mailing Address/Principal Place of Business			Descript	tion of Cor	ntribution	
						PAGE TOTAL
Enter Grand Total of Part G on Sched Summary Page, Section 3.	dule II, I	In-Kind Contrib	utions D	etailed		S NONE

DSEB-502 (7-99)

Ľ.

page <u>11</u> of <u>13</u>

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends O-F Will HOH			Re	From	eriod -//////	<u>Ю</u> то	12/31/12
To When pair gomery County DE	2m 2	matic. Par	мо,		YEAR 20/2		50.00
PODOX 851			Descriptio	25	Mair.	MIN.	s Aub
	PA	zip Code iP(us 4) 19404	MO.,	DAY	YEAR	Amount	
Mailing Address OD COUNTY Fine K	27		04	30 on of Expe		Amount \$ 7 ppf	ISO Idow
"Huntingden Valley	State A	Zip Code (Plus 4)	T		3		LEQUIVEMEN
To Whom Paid IS Farge Bank Mailing Address			M0. 05		YEAR	Amount ,	2.50
Mailing Address	State	Zip Code (Plus 4)	10	rkg	fees,		t below
To What Paid IS Fargo Bank			MO.	n be		Amount \$ 00	50
Mailing Address				on of Exper	rdinure	All	et below
City	State	Zip Code (Pius 4) -	m	in H	YEAR	Amount	▲
To When Paid S Farge Bank Mailing Address		mannandalata da 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944 - 1944	01	3/ 1	212	\$ 0	-50 ret belou
Сіту	State	Zip Code (Plus 4) —	m		ala		a man
To when soights Fargo Barle	·		MO. 08		2012	Amount \$	20
Mailing Address	State	Žip Code (Plus 4)	1		Lee. zla		et belou
"Montgomery County D	m	- X NOTIC AGAY	Mo.	n DC			50.00
Mailing Address (X 854)	<u>7// a.c</u>	,	Descripti	on of Expe	noliture Maili	man',	sclub
CHY NORVISTOREN	РÄ	Zip Code (Plus 4) MHD 4-	MO	DAY	YE AR	Amount	~ - A L
Mailing Address Rygs ave	g_		09	JO of Expe	2012	\$ ర	0.00
Cheetenhan	şра	Zip Code (Plus 4) 19012					
Enter Grand Total of Expenditures on Pa	ige 1,	Report Cover P	Page, Iti	em D.		PAGE T	92.50

PAGE 12 OF 13

SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends OF Will HOH			Reporting P From <u></u>	erjod    10   /-	£1/18/€1_07 €
filoraso, com for			<u> </u>		
To Whom Paid IS Fargo Bark		Mo OC		YEAR /	s Jabo
Mailing days of County Fine Rd		Descr	iption of Exper	leiture	and below
City Huntingdon Valley A	A 1900		1		E requiremon
To Whot Wild HOW Grove Maai		- <u>M</u> °			Amount 80,00
Mailing Address Romally QUE		Descr			nquet tidat.
City Willow Orreve \$	te Zip Code iPius A 19090-	( 4) D	0		0
TO WHOT Paid IS Fargo Bank		MO 70	DAY		Amount Ja 50
Mailing Address			Miles	Lees,	acet below
City Star	te Zip Code (Plui -	s 4)	צת ההו		
TO WHOT PAILS Fargo Barle		77	), day 30	YEAR	s 250
Mailing Address		Desc	aption of Expe	nditure	acet below
City Sta	te Zip Code (Plu —		nn B	ala	'NC
To whom Psid IOW Grave Maach	)	_мс 7с	거 귀		Amount \$ 150.00
Mailing Address ROANIELY AVE		A	ll AC	r ly	letime
City Willow Grae #	te Zip Code (Piu 4 1040 -	s 4)	men	bars	Jup
To What Paid Is Farge Bank		1.	$\frac{DAY}{3}$		\$ 2.50
Mailing Address				fees	, acet leloro
City Sta	ate Zip Code (Plu		min L		
To Whom Paid		M	D. DAY	YEAR	Amount \$
Mailing Address		Desc	ription of Exp		
City Sta	ale Zip Code (Piu -	i\$ 4)			
To Whom Paid		<u>, M</u>	Q. DAY	YE SHOT	Amount \$
Mailing Address		Desc	cription of Exp	onditura	
City	ate Zip Code (Pli	<u>is 4</u> }			
Enter Grand Total of Expenditures on Page	1, Report Cov	ver Page,	Item D.		PAGE TOTAL \$ 940,00

PAGE 13 OF 13

ţ

#### 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.

ne of Filing Committee or Candidate Fri Ands OF Will NOH					Dutstanding Balance of Deb
ne of Creditor	/			Ì	Sutstanding Balance_of Deb
iling Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
Y		State	Zip Code ( —		
scription of Debt					
me of Creditor					Outstanding Balance of Deb \$
ailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
ty		State	Zip Code —	(Pius 4)	
escription of Debt					
ame of Creditor					Outstanding Balance of De \$
ailing Addross	DATE DEBT INCURRED	<u>MO</u>	DAY	YEAR	
ity		State	Zip Code	(Plus 4)	
escription of Debt					
ama of Creditor					Outstanding Balance of De \$
lailing Address	DATE DEBT INCURRED	MO,	DAY	УБАЯ	
ity		State	Zip Code	(Plus 4) -	
Description of Debt					
lame of Creditor					Outstanding Balance of D
Mailing Address	DATE DEBT INCURRED	MO,	DAY	YEAR	
Ciny		State	Zip Code	+ (Plus 4) 	
Description of Debt					
Name of Creditor					Outstanding Balance of D
Mailing Address	DATE DEBT INCURRED	MO.	DAY		
City		State	Zip Cod	e (Plus 4) 	
					P

ľ