

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 <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist: Friends of Will Holt William A Holt Jr				
Street Address: PO Box 483				
City: Willow Grove		State: PA	Zip Code: 19090 -	

TYPE OF REPORT (place X to the right of report type)	1ST TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO
	4TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR		FILING METHOD CHECK ONE		PAPER	X	DISKETTE

Name of Office Sought by Candidate: Sheriff of Montgomery County	DATE OF ELECTION MO. DAY YEAR 11 8 2011	District Number 46	Office Code OTH	Party Code DEM	County Code DEM
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Summary of Receipts and Expenditures from:	MO. DAY YEAR	To	MO. DAY YEAR	FOR OFFICE USE ONLY RECEIVED 2011 JUN - 8 P 2:24 OFFICE OF VOTER SERVICES - MONTGOMERY CO PA
	5 3 2011		6 6 2011	
	A. Amount Brought Forward From Last Report	\$	0	
	B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
	C. Total Funds Available (Sum of Lines A and B)	\$	0	
	D. Total Expenditures (From Schedule III)	\$	0	
	E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
	F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0		

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 _____ day of _____ 20____

Signature _____

My commission expires _____ MO. _____ DAY _____ YR.

Signature of Person Submitting Report _____

Printed Name _____

Area Code _____ 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 _____ day of _____ 20____

Signature _____

My commission expires _____ MO. _____ DAY _____ YR.

Signature of Candidate _____

Printed Name _____

Area Code _____ Daytime Telephone Number _____

NOTARIAL SEAL
 KYLIE WADE
 Notary Public
 UPPER MORELAND TWP, MONTGOMERY COUNTY, PA
 My Commission Expires June 28, 2013

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Will Holt</i>	Reporting Period From <i>5/3/11</i> To <i>6/6/2011</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <i>0</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <i>0</i>
All Other Contributions (Part B)	\$ <i>0</i>
TOTAL for the Reporting Period (2)	\$ <i>0</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <i>0</i>
All Other Contributions (Part D)	\$ <i>0</i>
TOTAL for the Reporting Period (3)	\$ <i>0</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ <i>0</i>

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.)	\$ <i>0.00</i>
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