

CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	201941550		REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST RONALD HOLT						
STREET ADDRESS 2564 RUBICAM AVE						
CITY	WILLOW GROVE		STATE	PA		ZIP CODE 19080
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY	DATE OF ELECTION
						MO. DAY YEAR
6TH TUESDAY PRE-PRIMARY 1.	DATES OF REPORTING PERIOD FROM: MO. DAY YEAR TO MO. DAY YEAR 07 01 2019 TO 05 01 2019 CASH BALANCE AT END OF REPORTING PERIOD: \$ _____ TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ _____			FOR OFFICE USE ONLY RECEIVED 2019 MAY 15 AM 8:28 OFFICE OF VOTER SERVICES MONTG. CO. PA		
2ND FRIDAY PRE-PRIMARY 2. <input checked="" type="checkbox"/>						
30 DAY POST-PRIMARY 3.						
6TH TUESDAY PRE-ELECTION 4.						
2ND FRIDAY PRE-ELECTION 5.						
30 DAY POST-ELECTION 6.						
ANNUAL REPORT 7.						
AMENDMENT REPORT? YES NO <input checked="" type="checkbox"/>		TERMINATION REPORT? YES NO				

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 9 DAY OF May 20 19

 SIGNATURE

 SIGNATURE OF PERSON SUBMITTING REPORT

 PRINTED NAME

MY COMMISSION EXPIRES _____ 18 2022
 MO. DAY YR. AREA CODE DAYTIME TELEPHONE NUMBER

Commonwealth of Pennsylvania - Notary Seal
 KIMBERLY BULLARD - Notary Public
 Philadelphia County
 Commission Number 1228031

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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

 SIGNATURE OF CANDIDATE

 PRINTED NAME

MY COMMISSION EXPIRES _____ AREA CODE DAYTIME TELEPHONE NUMBER
 MO. DAY YR.