

# 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: <i>Friends of Will Holt</i>						
Street Address: <i>PO Box 483</i>						
City: <i>Willow Grove</i>			State: <i>PA</i>	Zip Code: <i>19090</i>		
TYPE OF REPORT  (place X to the right of report type)	5TH TUESDAY PRE-PRIMARY <sup>1</sup>	2ND FRIDAY PRE-PRIMARY <sup>2</sup>	30 DAY POST PRIMARY <sup>3</sup>	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION <sup>4</sup>	2ND FRIDAY PRE-ELECTION <sup>5</sup> <input checked="" type="checkbox"/>	30 DAY POST ELECTION <sup>6</sup>	TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	ANNUAL REPORT <sup>7</sup>	YEAR <input type="checkbox"/>	FILING METHOD ( ) CHECK ONE <input type="checkbox"/>	PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>	

Name of Office Sought by Candidate: <i>Sheriff of Montgomery County</i>			DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR	MO.	DAY	YEAR	46	0TH	DEM	DEM
5	17	2011	5	17	2011				

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY  RECEIVED 2011 MAY -5 A 11:54 OFFICE OF VOTER SERVICES MONTG. CO. PA	
	2	10	2011	To	5	2	2011		
	A. Amount Brought Forward From Last Report		\$		0.00				
	B. Total Monetary Contributions and Receipts (From Schedule I)		\$		5,533.03				
	C. Total Funds Available (Sum of Lines A and B)		\$		5,533.03				
	D. Total Expenditures (From Schedule III)		\$		3,533.58				
	E. Ending Cash Balance (Subtract Line D from Line C)		\$		1,999.45				
	F. Value of In-Kind Contributions Received (From Schedule II)		\$		1,250.00				
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

4th day of May 2011

*Shirley J. Pollock*  
 Signature  
 COMMONWEALTH OF PENNSYLVANIA  
 My commission expires 22 2013  
 Shirley J. Pollock, Notary Public  
 Upper Merion Twp., Montgomery County  
 My Commission Expires Oct 22, 2013

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

PART II - If this is 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

4th day of May 2011

*Shirley J. Pollock*  
 Signature  
 COMMONWEALTH OF PENNSYLVANIA  
 My commission expires 22 2013  
 Shirley J. Pollock, Notary Public  
 Upper Merion Twp., Montgomery County  
 My Commission Expires Oct 22, 2013

*William A. Holt, Jr.*  
 Signature of Candidate  
 WILLIAM A. HOLT, JR.  
 Printed Name  
 267 228-9799  
 Area Code Daytime Telephone Number

Notary Seal  
 Shirley J. Pollock, Notary Public  
 Upper Merion Twp., Montgomery County  
 My Commission Expires Oct 22, 2013  
 Member, Pennsylvania Association of Notaries

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

SCHEDULE I  
**CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Will Holt</i>	Reporting Period From <i>2/10/11</i> To <i>5/2/11</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>695.00</i>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ <i>100.00</i>
All Other Contributions (Part B)	\$ <i>1,650.00</i>
TOTAL for the Reporting Period	(2) \$ <i>1,750.00</i>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ <i>2,088.03</i>
All Other Contributions (Part D)	\$ <i>1,000.00</i>
TOTAL for the Reporting Period	(3) \$ <i>3,088.03</i>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
TOTAL for the Reporting Period	(4) \$ <i>0</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>	<b>\$ <i>5,533.03</i></b>
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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 <b>Friends of Will Hott</b>	Reporting Period From <b>2/10/11</b> To <b>5/2/11</b>
--	--

	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee <b>Friends of Leanna Washington</b>	4	26	2011	\$ 100.00
Mailing Address <b>1528 Walnut St, Suite 210</b>				\$
City <b>Phila</b> State <b>PA</b> Zip Code (Plus 4) <b>19102 -</b>				\$
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)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$

PAGE TOTAL  
**\$ 100.00**

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

**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 <b>Friends of Will Holt</b>	Reporting Period From <b>2/10/11</b> To <b>5/2/11</b>
--	--

	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor <b>Richard Bradley</b>	3	4	2011	\$ 100.00
Mailing Address <b>2732 Phipps Avenue</b>	MO.	DAY	YEAR	\$
City <b>Willow Grove</b>	MO.	DAY	YEAR	\$
State <b>PA</b>				
Zip Code (Plus 4) <b>19090 -</b>				
Full Name of Contributor <b>Kadam Corp Convenience Store</b>	3	18	2011	\$ 100.00
Mailing Address <b>1446 Easton Rd</b>	MO.	DAY	YEAR	\$
City <b>Roslyn</b>	MO.	DAY	YEAR	\$
State <b>PA</b>				
Zip Code (Plus 4) <b>19001 -</b>				
Full Name of Contributor <b>Joanne Olszewski</b>	3	31	2011	\$ 100.00
Mailing Address <b>1260 Hokstein Court</b>	MO.	DAY	YEAR	\$
City <b>Blue Bell</b>	MO.	DAY	YEAR	\$
State <b>PA</b>				
Zip Code (Plus 4) <b>19422 -</b>				
Full Name of Contributor <b>John E Gibson Funeral Home</b>	3	28	2011	\$ 100.00
Mailing Address <b>2342 Hamiltan Avenue</b>	MO.	DAY	YEAR	\$
City <b>Willow Grove</b>	MO.	DAY	YEAR	\$
State <b>PA</b>				
Zip Code (Plus 4) <b>19090 -</b>				
Full Name of Contributor <b>Caren Maskowitz</b>	3	29	2011	\$ 250.00
Mailing Address <b>528 Pine Tree Rd</b>	MO.	DAY	YEAR	\$
City <b>Jenkintown</b>	MO.	DAY	YEAR	\$
State <b>PA</b>				
Zip Code (Plus 4) <b>19046 -</b>				
Full Name of Contributor <b>Billy Williams</b>	4	1	2011	\$ 150.00
Mailing Address <b>360 Beach 86th Street</b>	MO.	DAY	YEAR	\$
City <b>Rockaway</b>	MO.	DAY	YEAR	\$
State <b>NY</b>				
Zip Code (Plus 4) <b>11693 -</b>				
Full Name of Contributor <b>John H. Widman</b>	4	4	2011	\$ 100.00
Mailing Address <b>1042 Welsh Rd</b>	MO.	DAY	YEAR	\$
City <b>Ambler</b>	MO.	DAY	YEAR	\$
State <b>PA</b>				
Zip Code (Plus 4) <b>19002 -</b>				
Full Name of Contributor <b>Roger Susann</b>	4	5	2011	\$ 100.00
Mailing Address <b>4119 Meadow Lane</b>	MO.	DAY	YEAR	\$
City <b>Newtown Square</b>	MO.	DAY	YEAR	\$
State <b>PA</b>				
Zip Code (Plus 4) <b>19073 -</b>				

PAGE TOTAL  
**\$ 1,000.00**

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

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 <b>Friends of Will Holt</b>	Reporting Period From <b>2/10/11</b> To <b>5/2/11</b>
--	--

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Leslie Benzak	4	5	2011	\$ 100.00
Mailing Address 418 Maple Avenue	MO.	DAY	YEAR	\$
City Glenaside	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19038 -	MO.	DAY	YEAR	\$
Cartee London	4	18	2011	\$ 100.00
Mailing Address 7421 Sandpeper Place	MO.	DAY	YEAR	\$
City Phila	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19153 -	MO.	DAY	YEAR	\$
Jolly Brothers LLC	4	25	2011	\$ 100.00
Mailing Address 1356 Eastern Rd	MO.	DAY	YEAR	\$
City Roslyn	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19001 -	MO.	DAY	YEAR	\$
Patrick J. Costello	4	24	2011	\$ 250.00
Mailing Address PO Box 307	MO.	DAY	YEAR	\$
City Hatboro	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19040 -	MO.	DAY	YEAR	\$
Lawrence B. DiJoseph	4	28	2011	\$ 100.00
Mailing Address 739 Crescent Avenue	MO.	DAY	YEAR	\$
City Glenaside	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19038 -	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$

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

PAGE TOTAL  
\$ 650.00

## 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 <b>Friends of Will Holt</b>	Reporting Period From <b>2/10/11</b> To <b>5/2/11</b>
--	--

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Friends to Elect Edward Cheri</b>	2	17	2011	\$ 1,088.03
Mailing Address <b>678 Lukens Avenue</b>	MO.	DAY	YEAR	\$
City, State Zip Code (Plus 4) <b>King of Prussia PA 19406 -</b>	MO.	DAY	YEAR	\$
<b>the Liberty Fund</b>	3	24	11	\$ 1,000.00
Mailing Address <b>101 Greenwood Ave</b>	MO.	DAY	YEAR	\$
City, State Zip Code (Plus 4) <b>Jenkintown PA 19406 -</b>	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	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	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	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City, State Zip Code (Plus 4)	MO.	DAY	YEAR	\$

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

PAGE TOTAL  
**\$ 2,088.03**

**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 <b>Friends of Will Holt</b>	Reporting Period From <b>2/10/11</b> To <b>5/2/11</b>
--	--

				DATE	AMOUNT		
Full Name of Contributor <b>Richard Cottom</b>	MO.	DAY	YEAR	\$	<b>1,000.00</b>		
Mailing Address <b>152 Parsons Lane</b>	MO.	DAY	YEAR	\$			
City <b>Newtown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18940-</b>		MO.	DAY	YEAR	\$
Employer Name <b>Sovereign Security LLC</b>				Occupation			
Employer Mailing Address/Principal Place of Business <b>714 Market St, Suite 450, Phila, Pa 19106</b>							
Full Name of Contributor	MO.	DAY	YEAR	\$			
Mailing Address	MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor	MO.	DAY	YEAR	\$			
Mailing Address	MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor	MO.	DAY	YEAR	\$			
Mailing Address	MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor	MO.	DAY	YEAR	\$			
Mailing Address	MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
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  
**\$ 1,000.00**

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 <i>Friends of Will Holt</i>	Reporting Period From <i>2/10/11</i> To <i>5/2/11</i>
--	--

Full Name							Amount
Mailing Address							\$ <i>NONE</i>
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Receipt Description							
Full Name							Amount
Mailing Address							\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Receipt Description							
Full Name							Amount
Mailing Address							\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Receipt Description							
Full Name							Amount
Mailing Address							\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Receipt Description							
Full Name							Amount
Mailing Address							\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
Receipt Description							
Full Name							Amount
Mailing Address							\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
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 NOH</i>	Reporting Period From <u>2/10/11</u> To <u>5/2/11</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>ϕ</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>ϕ</u>

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>	
TOTAL for the Reporting Period (3)	\$ <u>1,250.00</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>1,250.00</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 <b>Friends of Will Holt</b>	Reporting Period From <b>2/10/11</b> To <b>5/2/11</b>
--	--

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

**PAGE TOTAL**  
\$ **NONE**

**Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.**

**SCHEDULE II  
PART G  
IN-KIND CONTRIBUTIONS RECEIVED  
VALUE OVER \$250.00**

Name of Filing Committee or Candidate <b>Friends of Will Holt</b>	Reporting Period From <b>2/10/11</b> To <b>5/2/11</b>
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Margie Todd				2	11	2011	1,250.00
Mailing Address				MO.	DAY	YEAR	\$
1824 Pine Street							
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Norristown		PA	19401 -				
Employer of Contributor				Occupation			
Todd Properties				Self			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
1824 Pine Street, Norristown PA 19401				Registration, Design and maintenance of website			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
State		Zip Code (Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City				MO.	DAY	YEAR	\$
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  
**\$ 1,250.00**

SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Friends of Will Holt</b>	Reporting Period From <b>2/10/11</b> To <b>5/2/11</b>
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To Whom Paid	MO.	DAY	YEAR	Amount
<b>Pay Pal Website</b>	<b>2</b>	<b>16</b>	<b>2011</b>	<b>\$ 0.59</b>
Mailing Address	Description of Expenditure			
<b>internet transaction</b>	<b>processing fee for \$10 donation</b>			
<b>Pay Pal Website</b>	<b>2</b>	<b>11</b>	<b>2011</b>	<b>\$ 1.03</b>
Mailing Address	Description of Expenditure			
<b>internet</b>	<b>processing fee for \$25 donation</b>			
<b>Pay Pal website</b>	<b>2</b>	<b>24</b>	<b>2011</b>	<b>\$ 1.75</b>
Mailing Address	Description of Expenditure			
<b>internet</b>	<b>processing fee for \$50 donation</b>			
<b>Pay Pal website</b>	<b>3</b>	<b>3</b>	<b>2011</b>	<b>\$ 29.30</b>
Mailing Address	Description of Expenditure			
<b>internet</b>	<b>processing fee for \$1,000 donation</b>			
<b>Pay Pal website</b>	<b>3</b>	<b>8</b>	<b>2011</b>	<b>\$ 1.75</b>
Mailing Address	Description of Expenditure			
<b>internet</b>	<b>processing fee for \$50 donation</b>			
<b>Montgomery County Treasurer</b>	<b>2</b>	<b>22</b>	<b>2011</b>	<b>\$ 100.00</b>
Mailing Address	Description of Expenditure			
<b>PO Box 319</b>	<b>Fee to file petition for candidate for sheriff</b>			
<b>Norristown</b>	<b>PA</b>	<b>19401 -</b>		
<b>Montgomery County Democrat Committee</b>	<b>2</b>	<b>24</b>	<b>2011</b>	<b>\$ 100.00</b>
Mailing Address	Description of Expenditure			
<b>PO Box 857</b>	<b>Payment for Chairmans Club</b>			
<b>Norristown</b>	<b>PA</b>	<b>19401 -</b>		
<b>Area 7 Breakfast / UDCC</b>	<b>2</b>	<b>27</b>	<b>11</b>	<b>\$ 35.00</b>
Mailing Address	Description of Expenditure			
<b>PO Box 1182</b>	<b>Representation at Breakfast event</b>			
<b>FDA Washington</b>	<b>PA</b>	<b>19034</b>		

PAGE TOTAL  
**\$ 269.42**

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

SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Friends of Will Holt</b>	Reporting Period From <b>2/10/11</b> To <b>5/2/11</b>
--	--

To Whom Paid	MO.	DAY	YEAR	Amount
<b>Harland/Clarke Checks</b>	<b>2</b>	<b>23</b>	<b>2011</b>	<b>\$ 45.60</b>
Mailing Address <b>10931 Laureate Drive</b>	Description of Expenditure <b>Fee for Checkbook order</b>			
City <b>San Antonio</b>	State <b>Tx</b>	Zip Code (Plus 4) <b>78249</b>		<b>at Wachovia Bank</b>
<b>Friends of Mark Levy</b>	<b>2</b>	<b>26</b>	<b>2011</b>	<b>\$ 35.00</b>
Mailing Address <b>PO Box 311</b>	Description of Expenditure <b>Donation</b>			
City <b>Norristown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19401 -</b>		
<b>Cheltenham Printing Co</b>	<b>3</b>	<b>3</b>	<b>2011</b>	<b>\$ 340.26</b>
Mailing Address <b>212 Beecher Av</b>	Description of Expenditure <b>Campaign items: Buttons</b>			
City <b>Cheltenham</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19012 -</b>		<b>and Palm Cards</b>
<b>Cheltenham Printing Co</b>	<b>3</b>	<b>11</b>	<b>2011</b>	<b>\$ 580.88</b>
Mailing Address <b>212 Beecher Av</b>	Description of Expenditure <b>Campaign items: Stationery</b>			
City <b>Cheltenham</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19012 -</b>		<b>Contribution envelopes + letterhead</b>
<b>Montgomery County Democratic Committee</b>	<b>3</b>	<b>29</b>	<b>2011</b>	<b>\$ 150.00</b>
Mailing Address <b>PO Box 857</b>	Description of Expenditure <b>Donation</b>			
City <b>Norristown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19404 -</b>		
<b>Abington Rockledge Democratic Committee</b>	<b>4</b>	<b>1</b>	<b>2011</b>	<b>\$ 110.00</b>
Mailing Address <b>PO Box 132</b>	Description of Expenditure <b>Ticket for 4/10 event +</b>			
City <b>Abington</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19001 -</b>		<b>ad in booklet</b>
<b>Whitemarsh Democrats</b>	<b>4</b>	<b>9</b>	<b>2011</b>	<b>\$ 100.00</b>
Mailing Address <b>4025 Kottler Drive</b>	Description of Expenditure <b>Donation</b>			
City <b>Lafayette Hill</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19444 -</b>		
<b>Abington Rockledge Democratic Committee</b>	<b>4</b>	<b>10</b>	<b>2011</b>	<b>\$ 45.00</b>
Mailing Address <b>PO Box 132</b>	Description of Expenditure <b>Donation</b>			
City <b>Abington</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19001</b>		

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

PAGE TOTAL  
**\$ 1,406.74**

SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>Friends of Will Holt</b>	Reporting Period From <b>2/10/11</b> To <b>5/2/11</b>
--	--

To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
<b>Cheltenham Democratic Committee</b>	<b>4</b>		<b>11</b>	<b>\$ 105.00</b>	<b>Representation at Dinner</b>
Mailing Address <b>209 Frenbrook Ave</b>					
City <b>Wyncote</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19095</b>			<b>Event</b>
<b>Cheltenham Printing</b>	<b>4</b>	<b>14</b>	<b>11</b>	<b>\$ 261.82</b>	<b>Campaign items: Business</b>
Mailing Address <b>212 Beecher Av</b>					
City <b>Cheltenham</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19012 -</b>			<b>cards + palm cards</b>
<b>Montgomery County Chamber of Commerce</b>	<b>4</b>	<b>14</b>	<b>11</b>	<b>\$ 65.00</b>	<b>Donation</b>
Mailing Address <b>PO Box 200</b>					
City <b>Eagleville</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19408</b>			
<b>Schwartz for Congress</b>	<b>4</b>	<b>20</b>	<b>11</b>	<b>\$ 150.00</b>	<b>Donation Women in</b>
Mailing Address <b>PO Box 2232</b>					
City <b>Jenkintown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19406</b>			<b>Politics</b>
<b>Montgomery County Democratic Party</b>	<b>4</b>	<b>21</b>	<b>11</b>	<b>\$ 1,000.00</b>	<b>Payment for Chairmans</b>
Mailing Address <b>PO Box 857</b>					
City <b>Norristown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19404 -</b>			<b>Club</b>
<b>Cheltenham Printing</b>	<b>4</b>	<b>22</b>	<b>11</b>	<b>\$ 275.60</b>	<b>Campaign items: Palm</b>
Mailing Address <b>212 Beecher Av</b>					
City <b>Cheltenham</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19102 -</b>			<b>cards, buttons</b>
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)			

PAGE TOTAL  
**\$ 1,857.42**

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

## 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 <b>Friends of Will Holt</b>	Reporting Period From <u>2/10/11</u> To <u>5/31/11</u>
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Name of Creditor					Outstanding Balance of Debt \$ <b>NONE</b>		
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							
Name of Creditor					Outstanding Balance of Debt \$		
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  
\$ **NONE**