CAMPAIGN FINANCE REPORT

PAGE 1 OF (COVER PAGE)

(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	r. >	CANDIDATI	1.	COMM	TTEE	X	LOBBYIST	3.
Name of Filing Comm	ittee, Candidate or Lobbyist	1 HOH								ىيىرىنىيىدۇ چەرلىكىلىغىنىلىكىنىدىن. ئالىرىنىيىدى	
Street Addless: /2	nx483				AND				***************************************		
city: Will	ow Grove				State: PA		Zip Code: 19090				
TYPE OF REPORT	# STH TUESDAY 1.	2NO FRIDA PRE PRIMA			O DAY	X	AMENDA REPORT?		YES	NO	X
	TH TUESDAY 4.	2ND PRIDA PRE-ELECT			OST ELECTION	. 6.	TERMINA REPORT?		YES	NO	X
(place X to the right of report type)	ANNUAL 7. REPORT	YEAR		Á	ING METHOD		PAPE	is o	X	DISKETTE	
Name of Office Sough	nt by Candidate:				DATE OF ELI		District Number	Office Code			unty ode
Sheriff	of Montgon	nery C	oud	4	MO: DAY 11 86	VEAR 2011	46	071	+ 1	EM L	EM
S	_), DAY JE Y	AN		MD. DAY	YEAR		OR OF	ICE U	SE ONLY	20 Adv
Summary of Rand Expenditur		13 DC)[[то [666	1109					l
A. Amount Brought	t Forward From Last Rep	ort	1	\$ /	999.43	5			~		I
B. Total Monetary	Contributions and Receipt	ts (From Sche	dule I)	\$,	1325.0	00	<u> </u>	Ś	2011 JUN	RECEIVE	
C. Total Funds Ava	ailable (Sum of Lines A a	nd B)		\$	3 <i>3</i> 24.4	15		[유			I
D. Total Expenditur	res (From Schedule III)			\$	183.7	0.5	38	8	ì		
E. Ending Cash Bal	ance (Subtract Line D fro	om Line C)		\$ (3,140.1	70	\mathcal{O}_i		ט ט	=	
F. Value of In-Kin	d Contributions Received	(From Sched	ule II)	\$	0.0	0	-rı	ō ii	<u>ب</u>		I
G. Unpaid Debts ar	nd Obligations (From Scho	edule IV)	1	\$	0.0	00	ノブ	S	: 2	$\overline{}$	
PART - If this is	s a Committee report, tr		AFFIDAVI here: If:			eport, ca	ndidale :	ign her	4		
I swear (or affirm) the correct and complete	net this report, including the	attached sched	ules, on pa	per or c	omputer diskette	, are to t	he best of	my kno	wiedge	and belief	true,
Sworn to and subscr	ribed before me this	20	11] -	The si	UUU gnature of	Person S	L	QU_ g Repor	• ŧ	
NOTARIAL	SEAL Signature			} _	nuc		rinted Na	Ne me	·····		
My commission exp Notary P	MARA JULY 8 1 71	201	3] _	OL5 Area Code		6	57-	3C felephon)// ne Number	
PV 7 2 Washington	20 20 20 20 20 20 20 20 20 20 20 20 20 2	te's Authoria	7273	tittee	andidate shall	sión ber		F.SELIE BUE	J	. 1 128 SEPT LW	o pequee
I swear (or affirm) to (P.L. 1333, No. 320) a	et to the best of my knowle		The state of the s		<u> </u>			ns of th	e Act o	of June 3, 19	37
Sworn to and subsci	ribed before me this	20. 21e 20	11		Willia Willia	<u>m f</u>	ture of Ca	Hondidate OH	Chy Tr Gry	l. - 99	***************************************
	RIAL SFAI ^{MO.} D.Y	YR.	•/	<u> </u>	Area Code			aytime ^	, , Selepho	ne Number	
Note		tate	eau of C larrisburg	commis g, PA	sions, Election 17120-0029	ns and L	egislatio 7) 787–5	n 5280			

SCHEDULE I

PAGE 2 OF 12

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

	Detailed Summary Fage			
Name of Filing Committee or Candidate Friends of Will A	1014	Reporting Period From	(3//I	To 6/6/11
UNITEMIZED CONTRIBUTIONS AN		S PER CONT	RIBUT	OR
50-64 POST PR. 107 A 110 A 20 A 10 B 20 B	TOTAL for the Reporting Perio		1	125.00
2. CONTRIBUTIONS \$50.01 TO \$250.	.00 (FROM PART A AND PART	B)		
Contributions Received from Political			\$	Ø
All Other Contributions (Part B)			\$	700.00
	TOTAL for the Reporting Period	od (2)	\$	700.00
3. CONTRIBUTIONS OVER \$250.00 (Contributions Received from Political		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$	Ø 500.00
All Other Contributions (Part D)	TOTAL for the Reporting Period	od (3)	 	500.00
4. OTHER RECEIPTS - REFUNDS, IN	NTEREST EARNED, RETURNED TOTAL for the Reporting Peri		1	om part e)
TOTAL MONETARY CONTRIBUTIONS THIS REPORTING PERIOD (Add and a boxes 1, 2, 3 and 4; also enter this cover Page, Item B.)	enter amount totals from		\$	1,325,00

Reporting Period

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 Friends of Will	40	H	Re	porting F From	5/3/1	1 To 6/6/11
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$,
Mailing Address			." MO.	DAY:	YEAR	s / / / / /
City	State	Zip Code (Plus 4)	MO.	DAY	YÉÁR -	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			Mg	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	σΑΥ	YEAR	\$
Full Name of Contributing Committee	<u></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			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	1 6: -1-	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
City	\$18te		MO.	DAY	YEAR	\$
Full Name of Contributing Committee			мо.	DAY	YEAR	\$
Mailing Address			MO.	DAY		\$
City	State	Zip Code (Plus 4) —	MO,	DAY		\$
Full Name of Contributing Committee			MO		YEAR	\$
Mailing Address			мо.	DAY	YEAR	\$
Сну	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Enter Grand Total of Part A on Sch	edule l	, Detailed Summa	ry Page,	. Section	on 2.	\$

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 Hoh	L		Rep	orting P rom	5/3/11	 To 6/6/11
MARCH WILLIAM				DATE		AMOUNT
Full Winstead Lands	(RDI)	NG	мо. 5	DAY.	YEAR 2011	\$ 100.00
Mailine Address Pierce Aven	18	J	Mo.	DAY	YEAR	\$
"Willow Greve	S1999	Zip Code (Plus 4) 19090	MO	DAY	YEAR	\$
Full Name of Contributor A Da. 1		11010	MO,	DAY	YEAR	200 /3
Full Name of Congridual Partne			5 Mg.	5 DAY	YEAR	\$ <i>300.0</i> 0
Mailing Address East Avenue						\$
in Philadelphia	PA	Zip Code (Plus 4) 1910 4 -	MO.	DAY	YEAR	\$
Full Name of Contributor S. Graen			MO.	DAY 5	YEAR SOII	\$ 100.00
Mailing Address 7151 Bover Street			MO.	DAY	YEAR	\$
Chy Philadelphia	PA	Zip Code (Plus 4) HI19 -	мо.	DAY	YEAR	\$
Full Name of deptributor Ryu, In			Mo. 5	DAY.	YEAR -20/1	\$ 100.00
Mailing Addrags 15 15 11 1 1 1 1	Qd .		MO.	DAY	YEAR	\$
City Ahmaten	Da l	Zip Code (Plus 4)	MO.	DAY	YEAR	\$ West and the second sec
Full Name 61) Contributor 110 Jappy	1///		Mo. 5	DAY 25	YEAR 2011	\$ 100.00
Mailing Address 4 FOVEH GIC	n Ke	24	MO.	DAY	YEAR	\$
city Lecarrington	PA	Zip Code (Plus 4) 18976 -	MO.	DAY	YEAR	\$
Full Name 191 Contributor)UA		Mo. 5	DAY 25	YEAR 2011	\$ 100.00
Mailing Address Rubicam Avi		······································	Mo.	DAY	YEAR	\$
CHY WillOW BIVENC	PA	POGO -	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address		,	МО	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	* EXOSE	DAY	YEAR	\$
Full Name of Contributor	11		MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
						SE TOTAL
Enter Grand Total of Part B on Sch	edule I.	Detailed Summar	y Page,	Sectio	n 2.	\$ 700,00

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 Friends of Will h	OH	3 :		From	5/3/11	1 To 6/6/11
				DATE		AMOUNT
full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY:	YEAR	\$ NONE
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
full Name of Contributing Committee			MO.	DAY	YEAR	\$
Wailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	\$
Full Name of Contributing Committee	<u> </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		MANUAL MA	: /Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	1		МО	DAY	YEAR	\$
Mailing Address			MO,	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	мс.	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		\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	мо.	DAY		\$
Full Name of Contributing Committee			MO.	DAY		\$
Mailing Address			MO.	DAY	YEAR	s
City	State	Zip Code (Plus 4)	мо.	PAY	YEAR	\$
Enter Grand Total of Part C on Sc	hedule	, Detailed Summa	ry Page,	Section	on 3.	PAGE TOTAL \$

PAGE 6 OF 12

Reporting Period ,

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.)

Friends of Will Ho	14		Re	porting F From	5/3/1.	1 to 6/4/11
THE WILL HO	<i>t_1</i>		1	DATE		AMOUNT
ull Name/of Contributor			MO.	DAY	YEAR	\$ 500.00
RODERT O. MENT) <i>Y</i>	5	5 DAY	YEAR	
8811 Patton Rd						\$
Wynd moor	PA	Zip Code (Plus 4) 19038 -	MO,	DAY	YEAR	\$
imployer Name Self			Occupation	al E	Ske	te
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)	мо.	DAY	YEAR	
						\$
Employer Name			Occupation	ın		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			MO,	DAY	YEAR	\$
			MO.	DAY	YEAR	
Mailing Address			rard,		- 20.7411	\$
City	State	Zip Code (Plus 4)	мо	DAY	YEAR	\$
Employer Name			Occupati	on		
Employer Mailing Address/Principal Place of Business	,		<u> </u>			
			MO.	DAY	YEAR	_
Full Name of Contributor					V= : =	\$
Mailing Address			· MO,	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupat	ion		
Employer Mailing Address/Principal Place of Busines	s					
				1 810	-Vevo	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name	L		Occupat	ion		
Employer Mailing Address/Principal Place of Busines	\$					
Enter Grand Total of Part D on Sch	edule	l, Detailed Summa	ary Page	, Secti	on 3.	PAGE TOTAL

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PAGE 7 OF 12

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.

- t - t	Holdate		1	\bowtie	2111	- 616111
e of Filing Committee or Ca Frends of	WILLHOH		Fro	m <u>- 4</u>	ייוכ	то 6/6/11
Name						
ling Address						
y	State	Zip Code (Plus 4)	MO. D	Y YA	EAR	* NONE
					L	3 100,00
eipt Description						
l Name						
riling Address						
		Zip Code (Plus 4)	MO.	DAY L	YEAR	Amount
ty	State	Zip Code irida 4	mo.			\$
eceipt Description					_	
ui) Name						
Ni Isania						
ailing Address						
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
				i		₽
						
leceipt Description			1			
eceipt Description						
eceipt Description					VEAD	Amount
eceipt Description full Name Mailing Address	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	Amount \$
eceipt Description ull Name Mailing Address	State	Zíp Code (Plus 4)	Mo.	DAY	YEAR	
leceipt Description Full Name Mailing Address City Receipt Description	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
eceipt Description full Name Mailing Address	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	
leceipt Description Full Name Mailing Address City Receipt Description	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Mailing Address Mailing Address Mailing Address	State	Zip Code (Plus 4)	MO.		YEAR	\$ Amount
leceipt Description Full Name Mailing Address Full Name Mailing Address City						\$
eceipt Description ull Name Mailing Address City Receipt Description Full Name Mailing Address		Zip Code (Plus 4)				\$ Amount
Mailing Address Mailing Address Mailing Address		Zip Code (Plus 4)				\$ Amount
eceipt Description ull Name Mailing Address City Receipt Description Mailing Address City Receipt Description		Zip Code (Plus 4)				\$ Amount
Mailing Address City Receipt Description Full Name Mailing Address City Receipt Description Full Name Mailing Address	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$ Amount
Mailing Address City Receipt Description Full Name Mailing Address City Receipt Description		Zip Code (Plus 4)				Amount \$
eceipt Description ull Name Mailing Address City Receipt Description City Receipt Description Full Name Mailing Address Mailing Address	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
eceipt Description ull Name Mailing Address City Receipt Description Full Name Mailing Address City Receipt Description Full Name Mailing Address City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$

SCHEDULE II

PAGE 8 OF 12

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 Friends of Will HOH	Reporting Peri	3/11	то <u>6/6/11</u>
1 UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S	550.00 OR L	ESS P	ER CONTRIBUTOR
TOTAL for the Reporting Period	d (1)	\$	φ
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2	50.00 (FRON	PART	(F)
TOTAL for the Reporting Perio	d (2)	\$	Φ
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FR	M PART G		
TOTAL for the Reporting Perio	d (3)	\$	ϕ
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.)		\$	ϕ

PAGE 9 OF 12

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Friends of Will	7011			<u></u>		To
				DAY	YEAR	
Name of Contributor		-	- MO.			\$
ling Address			MO.	DAY	YEAR	s \\ / \\ / \
ling Appless				DAY	YEAR.	-11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1
У	State	Zip Code (Plus 4)	MO.	<u> </u>	19771	\$ 101
		1				
scription of Contribution:						
Name of Contributor			MO.	DAY	YEAR	\$
			MO.	DAY	YEAR	A
ailing Address						\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
ty			<u> </u>		1	-
escription of Contribution:						
			MO.	DAY	YEAR	\$
ill Name of Contributor						4
ailing Address			MO.	DAY	YEAR	\$
		Zip Code (Plus 4)	MO.	DAY	YEAR	
ity	State	Zip Code (Fids 4/	111.57			\$
escription of Contribution:						
escription of Contribution.					YEAR	
ull Name of Contributor			MO.	DAY	15/0	\$
			MO.	DAY	YEAR	\$
Mailing Address						<u> </u>
Dity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
					<u> </u>	
Description of Contribution:						
			MO.	DAY	YEAR	\$
Full Name of Contributor					YEAR	P
Mailing Address			MO.	DAY	1 JEAN	\$
	State	Zip Code (Plus A)	MO.	DAY	YEAR	s
City				<u> </u>	<u> </u>	*
Description of Contribution:						
			MO.	DAY	YEAR	
Full Name of Contributor						\$
Mailing Address			MO.	DAY	YEAR	\$
The straight of the straight o	-			DAY	YEAR	> 4
City	State	Zip Code (Plus 4)	MO.	1 27	1	\$
Description of Contribution:				1		
Description of Controversion						
Enter Grand Total of Part	<u> </u>					PAGE TOTAL

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

e of Filing Committee or Candidate Friends of Will	1/10/1			DATE		AMOUNT
			MO.		YEAR	\$
Name of Contributor						*
			MO.	DAY	YEAR	\$ \\ \/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
ing Address			 	DAY	YEAR	-1 V U 1VV
	State	Zip Code (Plus 4)	MO			\$
			Occupatio	n I		
layer of Contributor						
	Durings:	<u>, ,,, ,,, ,,, ,,,, ,,,,,,,,,,,,,,,,,,</u>	Description	on of Con	tribution	
ployer Mailing Address/Principal Place of	Dhemesa					
			MO.	DAY	YEAR	\$
Name of Contributor			MO.	DAY	YEAR	
iling Address						\$
	State	Zip Code (Plus 4)	MQ,	DAY	YEAR	\$
Y	State	-·				
- Andributor			Occupati	on		
nplayer of Contributor			Descript	ion of Co	ntribution	
nployer Mailing Address/Principal Place o	f Business		Gesonia			
			I MO.	DAY	YEAR	- s
III Name of Contributor						*
			MO	DAY	YEAR	s
lailing Address				DAY	YEAR	yo.
	State	Zip Code (Plus 4)	мо.	- DAT		\$
ity			Occupa	tion	L	<u> </u>
imployer of Contributor						
	- t Direinage	<u>. </u>	Descri	otion of C	ontribution	
mployer Mailing Address/Principal Place	Ol Basiness					,
			MO.	DAY	YEAR	s
Full Name of Contributor					YEAR	60.
Mailing Address			MO.	1 2/2		\$
•	State	Zip Code (Plus 4)	Mo.	DA	YEAR	S S
City	5(4.4)	_				1 7
Employer of Contributor			Oceup	ation		
Employer of Controls.				Sastan of	Contributio	\n
Employer Mailing Address/Principal Place	of Business		Descr	iption of	CORTINATION	
			MO	DA	Y. YEA	
Full Name of Contributor			1			\$
			мс), DA	Y YEA	f \$
Mailing Address					Y YEA	
City	State	Zip Code (Plus 4	MIC	2. 10/	YEA	\$
		<u> </u>	Oces	pation		
Employer of Contributor						
Employer Meiling Address/Principal Plac	e of Business	<u></u>	Desc	ription of	Contributi	on
Employer Mailing Addression History Proc						PAGE TOTAL
Enter Grand Total of Part					ادا	PAGE TOTAL

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

ne of Filing Committee or Candidate		R	porting P	eriod	14.11
Friends of Will A	DH		From	5/3/11	To 6/6/11
iniciae et .			200	ve va	Amount
MeHenham Democ	ratic Committee	<u>™°</u> 5	5	20/1	\$ 90.00
209 Fren Drook t	Trence.	Description	on of Exper	iditure	
· · · · · · · · · · · · · · · · · · ·	State Zip Code IPlus	4)			
Wyncoke			DAY	YEAR	Amount 31.25
Pemocratic Commi		Descript	on at Expe	nditure	\$ 07.00
Ty West Lancast	ter Avenue				
'Avemore	State Zip Code (Plu	5 4)			
Meitenram Dem			DAY	YEAR	Amount 62.50
MENTENICON DENI	ADDIE COMMIT	Descript	ion of Expe	enditure	
309 Frenbrook	State Zip Code (Pli	s 4)			
Dyncote	State Zip Code (FI)		I DAY	YEAR	Amount
Whom Paid		MO.			\$
illing Address		Descrip	ion of Exp	enaitura	
ty	State Zip Code (P))s 4)			
o Whom Paid		мо.	DAY	YEAR,	Amount
		Descrip	tion of Exp	enditure	\$
ailing Address	State Zip Code (P	us. 4)		· · · · · · · · · · · · · · · · · · ·	
ity	State Zip Code (
o Whom Paid		мо.	DAY	YEAR	Amount \$
failing Address		Descri	otion of Ex	penditure	
Sity	State Zip Code (P	lus 4)			
		MO.	DAY	YEAR	Amount
o Whom Paid			ption of Ex	penditure	\$
Mailing Address			P., OH OF EA	P 41141 (41 0	
City	State Zip Code (f	lus 4)			
To Whom Paid		, Mo	DAY	YE NA	Amount \$
Mailing Address		Descr	iption of Ex	(penditure	
City	State Zip Code	Plus 4)			
					PAGE TOTAL
	itures on Page 1, Report C				\$ 183.75

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STATEMENT OF UNPAID DEBTS

Use this Section to Itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Friends of Will Hott			Outstanding Balance_of Debt
ne of Creditor			Outstanding Balance_of Debt \$ NONE
ling Address	DATE DEST INCURRED	MO DAY YEAR	
		State Zip Code (Plus 4)	
cription of Debt			
ne of Creditar			Outstanding Balance of Deb \$
siling Address	DATE DEST	MO. OAY YEAR	
ty	INCURRED	State Zip Code (Plus 4	
escription of Debt		<u> </u>	
ame of Creditor			Outstanding Balance of Del
ailing Address	DATE DEBT	MO. DAY YEA	
ity	INCURRED	State Zip Code (Plus	41
escription of Debt			
			Outstanding Balance of De
iame of Creditor		Mo. DAY YE	
dailing Address	DATE DEBT INCURRED	State Zip Code (Plus	
City		3,616	
Description of Debt			
Name of Creditor			Outstanding Balance of D. \$
Mailing Address	DATE DEBT INCURRED	MO. DAY YE	
City		State Zip Code (Plui	
Description of Debt			
Name of Creditor			Outstanding Balance of C
Mailing Address	DATE DEBT INCURRED		
City		State Zip Code (Plu	
Description of Debt			
			PAGE TOTAL