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: 

Name of Filing Committee, Candidate or Lobbyist: Friends of Will Nolt

Street Address: PO Box 483

City: Willow Grove

State: PA Zip Code: 19090

TYPE OF REPORT

1. 30TH TUESDAY PRE-PRIMARY

2. 30TH TUESDAY POST PRIMARY

3. ANNUAL REPORT

4. 30TH TUESDAY POST-ELECTION

5. TERMINATION REPORT

6. FILING METHOD

7. UNOFFICIAL YEAR

DATE OF ELECTION: 11/8/2011

District Number: 46

Office Code: 0

Party Code: DEM

County Code: DEM

Maximum fruit you may be typed or printed in blue or black ink.

Name of Office Sought by Candidate: Sheriff of Montgomery County

Summary of Receipts and Expenditures from: 10/25/2011 To 11/30/2011

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Amount Brought Forward From Last Report</td>
<td>$0.00</td>
</tr>
<tr>
<td>B. Total Monetary Contributions and Receipts (From Schedule I)</td>
<td>$0.00</td>
</tr>
<tr>
<td>C. Total Funds Available (Sum of Lines A and B)</td>
<td>$0.00</td>
</tr>
<tr>
<td>D. Total Expenditures (From Schedule III)</td>
<td>$0.00</td>
</tr>
<tr>
<td>E. Ending Cash Balance (Subtract Line D from Line C)</td>
<td>$0.00</td>
</tr>
<tr>
<td>F. Value of In-Kind Contributions Received (From Schedule II)</td>
<td>$0.00</td>
</tr>
<tr>
<td>G. Unpaid Debts and Obligations (From Schedule IV)</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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 of Person Submitting Report

My commission expires MO. DAY YR.

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 December 2011

Signature of Candidate

My Commission Expires Jun 26, 2013

Printed Name

Area Code Daytime Telephone Number

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

DSEB-502 (7-99)
## Schedule 1
### Contributions and Receipts

**Name of Filing Committee or Candidate:** Friends of Will Holt  
**Reporting Period:** From 10/25/11 to 11/30/11

<table>
<thead>
<tr>
<th>1. <strong>Unitemized Contributions and Receipts - $50.00 or Less Per Contributor</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL for the Reporting Period:</strong> $ 0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. <strong>Contributions $50.01 to $250.00 (From Part A and Part B)</strong></th>
</tr>
</thead>
</table>
| Contributions Received from Political Committees (Part A) $ 0.00  
All Other Contributions (Part B) $ 0.00  
**TOTAL for the Reporting Period:** $ 0.00 |

<table>
<thead>
<tr>
<th>3. <strong>Contributions Over $250.00 (From Part C and Part D)</strong></th>
</tr>
</thead>
</table>
| Contributions Received from Political Committees (Part C) $ 0.00  
All Other Contributions (Part D) $ 0.00  
**TOTAL for the Reporting Period:** $ 0.00 |

<table>
<thead>
<tr>
<th>4. <strong>Other Receipts - Refunds, Interest Earned, Returned Checks, etc. (From Part E)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL for the Reporting Period:</strong> $ 0.00</td>
</tr>
</tbody>
</table>

**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.) $ NONE