

# 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		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE	<input type="checkbox"/> LOBBYIST				
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>JOSEPH HOFFFEL</b>									
STREET ADDRESS <b>1908 LYCOMING AVE</b>									
CITY <b>ABINGTON</b>			STATE <b>PA</b>	ZIP CODE <b>19001 -</b>					
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION				
	<b>COUNTY COMMISSIONER</b>			<b>DEM</b>	NO.	DAY	YEAR		
	6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD						
	2ND FRIDAY PRE-PRIMARY	2.	MO.	DAY	YEAR	MO.	DAY	YEAR	
	30 DAY POST-PRIMARY	3.	<b>01</b>	<b>01</b>	<b>10</b>	<b>10</b>	<b>18</b>	<b>10</b>	
	6TH TUESDAY PRE-ELECTION	4.	CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>  TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>					FOR OFFICE USE ONLY	
	2ND FRIDAY PRE-ELECTION	5. <input checked="" type="checkbox"/>						AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
30 DAY POST-ELECTION	6.								
ANNUAL REPORT	7.								

**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  
21st DAY OF October, 2010  
Janice L Scalen  
 SIGNATURE  
 MY COMMISSION EXPIRES 5 12 2011  
 MO. DAY YR.

Joseph M Hoeffel  
 SIGNATURE OF PERSON SUBMITTING REPORT  
JOSEPH M HOFFFEL  
 PRINTED NAME  
 215 AREA CODE  
 659-6461 DAYTIME TELEPHONE NUMBER

CLERK OF THE COMMONWEALTH OF PENNSYLVANIA  
 Notarial Seal  
 Janice L Scalen, Notary Public  
 Montgomery County  
 My Commission Expires May 12, 2014  
 Member, Pennsylvania Association of Notaries

**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  
 MY COMMISSION EXPIRES \_\_\_\_\_  
 MO. DAY YR.

\_\_\_\_\_  
 SIGNATURE OF CANDIDATE  
 \_\_\_\_\_  
 PRINTED NAME  
 \_\_\_\_\_  
 AREA CODE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER \_\_\_\_\_