

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 <input type="checkbox"/>						
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST WALTER HOFMAN										
STREET ADDRESS 707 BOWMAN AVE										
CITY MERION STATION		STATE PA		ZIP CODE 19066						
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE MONTGOMERY COUNTY CORNER		DISTRICT NO. AL	PARTY DEM	DATE OF ELECTION MO. DAY YEAR 5 17 2011					
	DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 01 01 2011 TO 05 02 2011		CASH BALANCE AT END OF REPORTING PERIOD: \$ (2,000) TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ (2,000)					RECEIVED 2011 MAY - 6 A 11: 14 VOTING DIVISION MONTGOMERY CO PA		
	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
	TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
	FOR OFFICE USE ONLY									

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 _____ DAY OF May 20 11

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT
 WALTER J HOFMAN, M.D.
 PRINTED NAME
 610 664-5954
 AREA CODE DAYTIME TELEPHONE NUMBER

[Signature]
 SIGNATURE
 COMMISSION EXPIRES July 25, 2013
 MO. DAY YR.

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 OF CANDIDATE

 PRINTED NAME

 AREA CODE DAYTIME TELEPHONE NUMBER

 SIGNATURE
 MY COMMISSION EXPIRES _____ MO. DAY YR.