

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 ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}			
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF WALTER HOFMAN											
Street Address: 707 BOWMAN AVE											
City: MERION STATION				State: PA		Zip Code: 19066					
TYPE OF REPORT (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO <input checked="" type="checkbox"/>		
	8TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5. <input checked="" type="checkbox"/>	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	YEAR		FILING METHOD () CHECK ONE <input checked="" type="checkbox"/>		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate: MONTGOMERY COUNTY CORONER					DATE OF ELECTION			District Number	Office Code		
					MO.	DAY	YEAR	AL			
					11	8	2011		DEM		
									46		
					(SEE INSTRUCTIONS FOR CODES)						
Summary of Receipts and Expenditures from:					MO.	DAY	YEAR	FOR OFFICE USE ONLY			
					6	7	2011	To	MO.	DAY	YEAR
A. Amount Brought Forward From Last Report					\$		7,569	09			
B. Total Monetary Contributions and Receipts (From Schedule I)					\$		11,286	00			
C. Total Funds Available (Sum of Lines A and B)					\$		18,855	04			
D. Total Expenditures (From Schedule III)					\$		9,023	61			
E. Ending Cash Balance (Subtract Line D from Line C)					\$		9,831	43			
F. Value of In-Kind Contributions Received (From Schedule II)					\$						
G. Unpaid Debts and Obligations (From Schedule IV)					\$		5,000	—			

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, and complete.

and subscribed before me this October day of 2011

Edwin R. Rainier Signature

My commission expires 11 12 13 MO. DAY YR.

Samuel T. Adenbaum Signature of Person Submitting Report

SAMUEL T. ADENBAUM Printed Name

610 Area Code 585-1830 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. 333, No. 320) as amended.

Sworn and subscribed before me this October day of 2011

Walter J. Hofman Signature

My commission expires 07 19 2014 MO. DAY YR.

Walter J. Hofman Signature of Candidate

WALTER J. HOFMAN Printed Name

610 Area Code 664-5954 Daytime Telephone Number

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

RECEIVED
OCT 28 AM 11:24

My Commission Expires November 19, 2014
NOTARIAL SEAL
PATRICIA A. MEERS Notary Public
Montgomery County, Montgomery County
Notary Public
September 19, 2014

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ 36

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$ 250
All Other Contributions (Part B)		\$ 4,000
TOTAL for the Reporting Period	(2)	\$ 4,250

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ —
All Other Contributions (Part D)		\$ 7,000
TOTAL for the Reporting Period	(3)	\$ 7,000

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
TOTAL for the Reporting Period	(4)	\$ —

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <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>	\$ 11 ,286
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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 FRIENDS OF WALTER HOFMAN	Reporting Period From 6/7/11 To 10/24/11
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee FRIENDS OF MARY LOU READINGER	10	10	11	\$ 250
Mailing Address 109 S MAIN ST	MO.	DAY	YEAR	\$
City NORTH WALES State PA Zip Code (Plus 4) 19454	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$

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

PAGE TOTAL
\$

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 FRIENDS OF WALTER HOFMAN	Reporting Period From 6/7/11 To 10/24/11
--	---

	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor PHILIP & JOANNE BILLIGAN	8	31	11	\$ 100
Mailing Address 129 AZALEA WAY				\$
City State Zip Code (Plus 4) FLOURTOWN PA 19031-				\$
Full Name of Contributor SIDNEY & ESSIE SUPLOW	9	1	11	\$ 100
Mailing Address 409 BRUCE RD				\$
City State Zip Code (Plus 4) TREVOSE PA 19053-				\$
Full Name of Contributor BERNARD CHANIN	9	1	11	\$ 100
Mailing Address 2052 CHERRY ST				\$
City State Zip Code (Plus 4) PHILADELPHIA PA 19152-				\$
Full Name of Contributor ROBERT ROUNER	8	31	11	\$ 100
Mailing Address 175 BUSLETON PIKE				\$
City State Zip Code (Plus 4) FEASTERVILLE PA 19053				\$
Full Name of Contributor JOSEPH HYLINSKI	9	3	11	\$ 100
Mailing Address SUITE 101 5735 RIDGE AVE				\$
City State Zip Code (Plus 4) PHILADELPHIA PA 19128				\$
Full Name of Contributor DARRYL BACCHI	8	30	11	\$ 100
Mailing Address 548 BRITTON DRIVE				\$
City State Zip Code (Plus 4) KING OF PRUSSIA PA 19406				\$
Full Name of Contributor MARC BRECHER	9	1	11	\$ 100
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributor THOMAS DONATO, JR	8	31	11	\$ 100
Mailing Address 216 W FRONT ST				\$
City State Zip Code (Plus 4) MEDIA PA 19063				\$

PAGE TOTAL
\$ 800

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 FRIENDS OF WALTER HOFMAN	Reporting Period From 6/7/11 To 10/29/11
--	---

	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor MARCUS CORWAN	8	16	11	\$ 100
Mailing Address SUITE 211 1515 S. FEDERAL HWY	MO.	DAY	YEAR	\$
City BOCA RATON	MO.	DAY	YEAR	\$
State FL	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 33432	MO.	DAY	YEAR	\$
Full Name of Contributor DAVID & JUDITH WEINER	9	7	11	\$ 100
Mailing Address 501 WEADLEY RD	MO.	DAY	YEAR	\$
City KING OF PRUSSIA	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19406	MO.	DAY	YEAR	\$
Full Name of Contributor STACEY & RALPH SEVINOR	9	6	11	\$ 100
Mailing Address 7 SEVINOR RD	MO.	DAY	YEAR	\$
City LYONFIELD	MO.	DAY	YEAR	\$
State MA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 01946	MO.	DAY	YEAR	\$
Full Name of Contributor PAUL HOYER	9	2	11	\$ 100
Mailing Address 2114 SPRUCE ST	MO.	DAY	YEAR	\$
City PHILADELPHIA	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19103	MO.	DAY	YEAR	\$
Full Name of Contributor MICHELLE & BONNIE BENSON	9	4	11	\$ 100
Mailing Address 1401 HILLSIDE RD	MO.	DAY	YEAR	\$
City WYNNWOOD	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19096	MO.	DAY	YEAR	\$
Full Name of Contributor PHILIP & LENA LAKIER	9	3	11	\$ 100
Mailing Address 701 DERSTINE RD	MO.	DAY	YEAR	\$
City LANSDALE	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19446	MO.	DAY	YEAR	\$
Full Name of Contributor DIAMONTELL FAMILY ASSOC	9	9	11	\$ 100
Mailing Address PO BOX 615	MO.	DAY	YEAR	\$
City BROOMALL	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19009	MO.	DAY	YEAR	\$
Full Name of Contributor BEVERLY HAHN	9	16	11	\$ 100
Mailing Address 1621 WINCHESTER DR	MO.	DAY	YEAR	\$
City BLUE BELL	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19422	MO.	DAY	YEAR	\$

PAGE TOTAL
\$ 800

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 FRIENDS OF WALTER HOFMAN	Reporting Period From 6/7/11 To 10/24/11
--	---

	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor KRISTINA & JOHN DOUGHERTY	9	13	11	\$ 100
Mailing Address 2909 WOODVIEW DR	MO.	DAY	YEAR	\$
City HATFIELD State PA Zip Code (Plus 4) 19440 -	MO.	DAY	YEAR	\$
Full Name of Contributor MARY W. LOVELAND	9	13	11	\$ 100
Mailing Address 929 MANATAWANA AVE	MO.	DAY	YEAR	\$
City PHILADELPHIA State PA Zip Code (Plus 4) 19128 -	MO.	DAY	YEAR	\$
Full Name of Contributor DAVID WEINSTEIN	9	21	11	\$ 100
Mailing Address 505 REDLEAF RD	MO.	DAY	YEAR	\$
City WYNNWOOD State PA Zip Code (Plus 4) 19091 -	MO.	DAY	YEAR	\$
Full Name of Contributor PETER HERCZFELD & LILLIAN STERN	9	21	11	\$ 100
Mailing Address 416 LINDY LN	MO.	DAY	YEAR	\$
City BALA CYNWYD State PA Zip Code (Plus 4) 19004	MO.	DAY	YEAR	\$
Full Name of Contributor DOUG PIKE	9	21	11	\$ 100
Mailing Address 1579 MAPLE AVE	MO.	DAY	YEAR	\$
City PAOLI State PA Zip Code (Plus 4) 19301	MO.	DAY	YEAR	\$
Full Name of Contributor MITCHELL & PENNY SHORE	9	21	11	\$ 100
Mailing Address 124 OVERHILL RD	MO.	DAY	YEAR	\$
City BALA CYNWYD State PA Zip Code (Plus 4) 19004	MO.	DAY	YEAR	\$
Full Name of Contributor THOMAS SCHAEF	10	31	11	\$ 100
Mailing Address 1200 MELROSE AVE	MO.	DAY	YEAR	\$
City MELROSE PARK State PA Zip Code (Plus 4) 19027	MO.	DAY	YEAR	\$
Full Name of Contributor LOUIS FINE	9	1	11	\$ 200
Mailing Address 1333 RACE ST	MO.	DAY	YEAR	\$
City PHILADELPHIA State PA Zip Code (Plus 4) 19107-	MO.	DAY	YEAR	\$

PAGE TOTAL
\$ **900**

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 FRIENDS OF WALTER HOFMAN	Reporting Period From 6/7/11 To 10/29/11
--	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
JOSEPH MURRAY	9	13	11	\$ 250
Mailing Address 1518 WALNUT ST	MO.	DAY	YEAR	\$
City PHILADELPHIA	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19103-	MO.	DAY	YEAR	\$
GREGORY & DOMENICA LEWNER	9	16	11	\$ 250
Mailing Address 537 FOX LAKE	MO.	DAY	YEAR	\$
City WYNNEWOOD	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19096	MO.	DAY	YEAR	\$
ALVIN CHANIN	9	15	11	\$ 250
Mailing Address APT 19B 100 W 57TH ST	MO.	DAY	YEAR	\$
City NEW YORK	MO.	DAY	YEAR	\$
State NY	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 10019-	MO.	DAY	YEAR	\$
JONATHAN BRISKIN	9	21	11	\$ 250
Mailing Address 255 UPPER GULPH RD	MO.	DAY	YEAR	\$
City RADNOR	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19087	MO.	DAY	YEAR	\$
BONNIE SQUIRES	9	21	11	\$ 250
Mailing Address 403 ARTHURS ROUND TABLE	MO.	DAY	YEAR	\$
City WYNNEWOOD	MO.	DAY	YEAR	\$
State PA	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 19096-	MO.	DAY	YEAR	\$
LEWIS GREENWALD	9	25	11	\$ 250
Mailing Address 3814 SHIPMAN LANE	MO.	DAY	YEAR	\$
City SPRING	MO.	DAY	YEAR	\$
State TX	MO.	DAY	YEAR	\$
Zip Code (Plus 4) 71308	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	\$

PAGE TOTAL
\$1,500

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

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 FRIENDS OF WALTER HOFFMAN	Reporting Period From 6/7/11 To 10/24/11
---	---

	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor JOSEPH H LEVINE	8	31	11	\$ 500
Mailing Address 4737 Street RD	MO.	DAY	YEAR	\$
City TREVOSE	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19053			\$
Employer Name JOSEPH LEVINE & SON	Occupation FUNERAL HOME OPERATOR			
Employer Mailing Address/Principal Place of Business 4737 Street RA TREVOSE PA 19035				
Full Name of Contributor BRIAN GORDON	8	31	11	\$ 50
Mailing Address SUITE 703 ONE BELMONT AVE	MO.	DAY	YEAR	\$
City BALA CYNWYP	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19004-			\$
Employer Name GORDON & ASHWORTH	Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business SAME				
Full Name of Contributor STEPHEN S HELLER	8	26	11	\$ 500
Mailing Address 512 HOFFMAN DR	MO.	DAY	YEAR	\$
City BRYN MAWR	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19010			\$
Employer Name SHELLER PC	Occupation			
Employer Mailing Address/Principal Place of Business 1528 WALNUT ST PHILADELPHIA 19102				
Full Name of Contributor GREGORY McDONALD, DO	9	15	11	\$ 250
Mailing Address 66 MARPLE DRIVE	MO.	DAY	YEAR	\$
City PHILADELPHIA	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19115			\$
Employer Name PCOM	Occupation PATHOLOGIST			
Employer Mailing Address/Principal Place of Business 4170 CITY AVE PHILADELPHIA PA 19131				
Full Name of Contributor WALTER HOFFMAN, MD	7	3	11	\$ 5,000
Mailing Address 707 BOWMAN AVE	MO.	DAY	YEAR	\$
City MERION STATION	MO.	DAY	YEAR	\$
State PA	Zip Code (Plus 4) 19066			\$
Employer Name MONTGOMERY COUNTY	Occupation			
Employer Mailing Address/Principal Place of Business				

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

PAGE TOTAL

\$ **7,000**

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate FRIENDS OF WALTER HOFMAN	Reporting Period From 6/7/11 To 10/24/2011
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To Whom Paid MAIN LINE TIMES	MO. 6 DAY 18 YEAR 11	Amount \$ 511⁰⁸
Mailing Address 311 E LANCASTER AVE	Description of Expenditure ADVERTISING	
City ARDMORE	State PA	Zip Code (Plus 4) 19003

To Whom Paid EYE TO EYE MEDIA	MO. 9 DAY 30 YEAR 11	Amount \$ 270
Mailing Address 430 WOODBINE RD	Description of Expenditure ADVERTISING	
City WOODBINE	State NJ	Zip Code (Plus 4) 08270-

To Whom Paid ITW RADIO	MO. 10 DAY 14 YEAR 11	Amount \$ 1570-
Mailing Address 400 MARKET ST	Description of Expenditure	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19106-

To Whom Paid MCDC	MO. 9 DAY 30 YEAR 11	Amount \$ 3,000
Mailing Address 21 E AIRY ST	Description of Expenditure CONTRIBUTION	
City NORRISTOWN	State PA	Zip Code (Plus 4) 19401-

To Whom Paid ATHENS REPRODUCTION	MO. 6 DAY 18 YEAR 11	Amount \$ 10414
Mailing Address 19 W ATHENS AVE	Description of Expenditure PRINTING	
City ARDMORE	State PA	Zip Code (Plus 4) 19003

To Whom Paid ABINGTON PAL	MO. 10 DAY 10 YEAR 11	Amount \$ 50
Mailing Address 1166 Old York Rd	Description of Expenditure CONTRIBUTION	
City ABINGTON	State PA	Zip Code (Plus 4) 19001-

To Whom Paid KENNEDY PRINTING	MO. 7 DAY 3 YEAR 11	Amount \$ 770⁰⁴
Mailing Address 5534 BALTIMORE AVE	Description of Expenditure PRINTING	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19143

To Whom Paid KENNEDY PRINTING	MO. 8 DAY 12 YEAR 11	Amount \$ 459-
Mailing Address 5534 BALTIMORE AVE	Description of Expenditure PRINTING	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19143-

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

PAGE TOTAL
\$ 6,734²⁶

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate: FRIENDS OF WALTER HOFMAN
Reporting Period: From 6/7/11 To 10/29/11

To Whom Paid: CHECKS FOR LESS
Mailing Address: 200 RIVERSIDE IND PKWY
City: PORTLAND
State: ME Zip Code (Plus 4): 04103-
MO. 10 DAY 21 YEAR 11 Amount \$ 2495
Description of Expenditure: PRINTING

To Whom Paid: 12th ST CATERING
Mailing Address: 3312 SPRING GARDEN ST
City: PHILADELPHIA
State: PA Zip Code (Plus 4): 19104-
MO. 9 DAY 30 YEAR 11 Amount \$ 92340
Description of Expenditure: ~~PAE~~ CATERING

To Whom Paid: BONNIE SQUIRES
Mailing Address: 403 ARTHURS ROUND TABLE
City: WYDNWOOD
State: PA Zip Code (Plus 4): 19096
MO. 6 DAY 18 YEAR 11 Amount \$ 44-
Description of Expenditure: POSTAGE

To Whom Paid: USPS
Mailing Address: [Blank]
City: [Blank] State: [Blank] Zip Code (Plus 4): [Blank]
MO. 9 DAY 30 YEAR 11 Amount \$ 88
Description of Expenditure: POSTAGE

To Whom Paid: BONNIE SQUIRES
Mailing Address: 403 ARTHURS ROUND TABLE
City: WYDNWOOD
State: PA Zip Code (Plus 4): 19096
MO. 10 DAY 19 YEAR 11 Amount \$ 1000-
Description of Expenditure: [Blank]

To Whom Paid: WECHT PATHOLOGY
Mailing Address: SUITE 404 119 PENN AVE
City: PITTSBURGH
State: PA Zip Code (Plus 4): 15222
MO. 9 DAY 30 YEAR 11 Amount \$ 209
Description of Expenditure: TRAVEL

To Whom Paid: [Blank]
Mailing Address: [Blank]
City: [Blank] State: [Blank] Zip Code (Plus 4): [Blank]
MO. [Blank] DAY [Blank] YEAR [Blank] Amount \$
Description of Expenditure: [Blank]

To Whom Paid: [Blank]
Mailing Address: [Blank]
City: [Blank] State: [Blank] Zip Code (Plus 4): [Blank]
MO. [Blank] DAY [Blank] YEAR [Blank] Amount \$
Description of Expenditure: [Blank]

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

PAGE TOTAL \$ 228935

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 FRIENDS OF WALTER HOFMAN	Reporting Period From 6/7/11 To 10/24/2011
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Name of Creditor	DATE DEBT INCURRED	MO.	DAY	YEAR	Outstanding Balance of Debt
WALTER HOFMAN Mailing Address: 707 BOWMAN AVE City: MERION STATION		7	3	11	\$ 5,000
Description of Debt: LOAD					
Name of Creditor: _____ Mailing Address: _____ City: _____					\$
Description of Debt: _____					
Name of Creditor: _____ Mailing Address: _____ City: _____					\$
Description of Debt: _____					
Name of Creditor: _____ Mailing Address: _____ City: _____					\$
Description of Debt: _____					
Name of Creditor: _____ Mailing Address: _____ City: _____					\$
Description of Debt: _____					
Name of Creditor: _____ Mailing Address: _____ City: _____					\$
Description of Debt: _____					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL \$ 5,000
