

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 <input checked="" type="checkbox"/>		COMMITTEE <input type="checkbox"/>		LOBBYIST <input type="checkbox"/>				
Name of Filing Committee, Candidate or Lobbyist: WALTER HOFMAN, MD												
Street Address: 707 BOWMAN AVE												
City: MERION STATION					State: PA		Zip Code: 19066 -					
TYPE OF REPORT (place X to the right of report type)	1ST TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO <input checked="" type="checkbox"/>			
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	<input checked="" type="checkbox"/>	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO <input checked="" type="checkbox"/>			
	ANNUAL REPORT	7.	YEAR	<input type="checkbox"/>	FILING METHOD () CHECK ONE <input type="checkbox"/>		PAPER	<input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate: MONTGOMERY COUNTY CORONER					DATE OF ELECTION		District Number	Office Code	Party Code	County Code		
					MO.	DAY	YEAR	AL		DEM	46	
					11	8	2011	(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:					MO.	DAY	YEAR	FOR OFFICE USE ONLY				
					6	7	2011	RECEIVED 2011 OCT 28 A 11:24 ✓				
A. Amount Brought Forward From Last Report					To	MO.	DAY					YEAR
						10	24					2011
B. Total Monetary Contributions and Receipts (From Schedule I)					\$ (2,000)							
C. Total Funds Available (Sum of Lines A and B)					\$ (2,000)							
D. Total Expenditures (From Schedule III)					\$ \$5,000							
E. Ending Cash Balance (Subtract Line D from Line C)					\$ (7,000)							
F. Value of In-Kind Contributions Received (From Schedule II)					\$							
G. Unpaid Debts and Obligations (From Schedule IV)					\$							

AFFIDAVIT SECTION

Part I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I declare (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 October day of 2011

Walter J. Hofman Signature

9 MO. 19 DAY 2014 YR. expires

Walter J. Hofman Signature of Person Submitting Report

WALTER J. HOFMAN Printed Name

610 Area Code 664 5954 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 _____ 20____

Signature

My commission expires _____ MO. _____ DAY _____ YR.

Signature of Candidate

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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate FRIENDS OF WALTER HOFMAN, MD	Reporting Period From 6/7/11 To 10/24/11
------------------------------------------------------------------------------	-----------------------------------------------------------

To Whom Paid FRIENDS OF WALTER HOFMAN	MO. 6	DAY 3	YEAR 11	Amount \$ 5,000
Mailing Address PO Box 143	Description of Expenditure LOAN			
City MERION STATION PA	State PA	Zip Code (Plus 4) 19066		

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

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

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

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

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

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

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

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

PAGE TOTAL \$
