COMMONWEALTH OF PENNSYLVANIA

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

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST

WALTER HOFMAN

STREET ADDRESS

70 F S ROWAN AVE

CITY

MERION STATION

STATE

PA

DATE OF ELECTION

NO. DAY YEAR

11 3 15

NAME OF OFFICE SOUGHT BY CANDIDATE

COURT

DISTRICT NO.

AL

PARTY

DEM

TYPE OF REPORT

( CHECK ONE )

6TH TUESDAY PRE-PRIMARY

2ND FRIDAY PRE-PRIMARY

30 DAY POST-PRIMARY

6TH TUESDAY PRE-ELECTION

2ND FRIDAY PRE-ELECTION

30 DAY POST-ELECTION

ANNUAL REPORT

DATES OF REPORTING PERIOD

NO. DAY YEAR

10 20 15 TO 11 23 15

CASH BALANCE AT END OF REPORTING PERIOD:

$2,000

TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:

$0

AMENDMENT REPORT?

YES NO X

TERMINATION REPORT?

YES X NO

AFFIDAVIT SECTION

I -

This statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.

This statement is filed on behalf of a Candidate, the Candidate must sign here.

This statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I, (INCOMPLETE) the undersigned, do hereby swear 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

5TH DAY OF APRI

2015

X

SWORN TO AND SUBSCRIBED BEFORE ME THIS

MAY 15 2015

MY COMMISSION EXPIRES

JULY 15 2015

SIGNATURE OF PERSON SUBMITTING REPORT

WALTER HOFMAN

PRINTED NAME

570 575 5750

DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I, (INCOMPLETE) the undersigned, do hereby swear 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

2015

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
Montgomery County Election Board
PO Box 311
Norristown PA 19404-0311