


Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)		Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Walter Hofman, MD							
Street Address		707 S Bowman Ave							
City	Merion Station	State	PA	Zip Code	19066				

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/3/15	Year	2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	6/9/15	10/19/15	
A. Amount Brought Forward From Last Report	\$	3,309.10	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	150.00	
C. Total Funds Available (Sum of Lines A and B)	\$	3,459.10	
D. Total Expenditures (From Schedule III)	\$	3,131.85	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	327.25	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

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 schedule, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 22nd day of October, 2015

Dana R. Axelrod
Signature

My Commission expires July 15, 2018
MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
DANA R. AXELROD, Notary Public
Lower Merion Twp., Montgomery County
My Commission Expires July 15, 2018

Signature of Person Submitting report

SAMUEL TADENBAUM
Printed Name

610 585-1830
Area Code 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 23rd day of October, 2015

Dana R. Axelrod
Signature

My Commission expires July 15, 2018
MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
DANA R. AXELROD, Notary Public
Lower Merion Twp., Montgomery County
My Commission Expires July 15, 2018

x Walter E. Hofman
Signature of Candidate

WALTER E. HOFMAN
Printed Name

610 664-5954
Area Code Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	Friends of Walter Hofman, MD
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
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Total for the reporting period	(1)	\$	
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
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Contributions Received from Political Committees (Part A)	\$	
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All Other Contributions (Part B)	\$	
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Total for the reporting period	(2)	\$	
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3. Contributions Over \$250.00 (From Part C and Part D)	
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Contributions Received from Political Committees (Part C)	\$	
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All Other Contributions (Part D)	\$	
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Total for the reporting period	(3)	\$	
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4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
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Total for the reporting period	(4)	\$	150
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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>	\$	150
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PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number	Friends of Walter Hofman, MD
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Full Name	Montgomery County Young Democrats				
House #	414	Street Address	Revere Rd		
City	Lafayette Hills	State	PA	Zip Code	19444
				Date (MM/DD/YYYY)	10/19/15
Receipt Description	Check from 2011 Never Negotiated				

Full Name	Friends of Brown/Landauer				
House #	540	Street Address	Cowpath Rd		
City	Hatfield	State	PA	Zip Code	19444
				Date (MM/DD/YYYY)	10/19/15
Receipt Description	Check from 2011 Never Negotiated				

Full Name					
House #		Street Address			
City		State		Zip Code	
				Date (MM/DD/YYYY)	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
				Date (MM/DD/YYYY)	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
				Date (MM/DD/YYYY)	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
				Date (MM/DD/YYYY)	
Receipt Description					

**SCHEDULE III
Statement of Expenditures**

Committee Name: Friends of Walter Hofman, MD

To Whom Paid		Sherry Marcus Milano			Date (MM/DD/YYYY)	7/28/15	\$	131.85
House #	509	Street Address	Beacon Hill Circle		Description of Expenditure			
City	Plymouth Meeting	State	PA	Zip Code	19462 Domain Registration and Web Hosting			
To Whom Paid		Sherry Marcus Milano			Date (MM/DD/YYYY)	8/31/15	\$	3,000.00
House #	509	Street Address	Beacon Hill Circle		Description of Expenditure			
City	Plymouth Meeting	State	PA	Zip Code	19462 Campaign Consulting			
To Whom Paid					Date (MM/DD/YYYY)		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date (MM/DD/YYYY)		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date (MM/DD/YYYY)		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date (MM/DD/YYYY)		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date (MM/DD/YYYY)		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				