

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 ² <input type="checkbox"/>	LOBBYIST ³ <input type="checkbox"/>																		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST WALTER HOFMAN																							
STREET ADDRESS 707 S BOWMAN AVE																							
CITY MERION STATION		STATE PA	ZIP CODE 19066-																				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY																			
	CORONGER		AL	DEM																			
6TH TUESDAY PRE-PRIMARY ¹	DATES OF REPORTING PERIOD		DATE OF ELECTION																				
2ND FRIDAY PRE-PRIMARY ²			MO. DAY YEAR	MO. DAY YEAR	MO. DAY YEAR																		
30 DAY POST-PRIMARY ³	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>MO.</td><td>DAY</td><td>YEAR</td></tr> <tr><td>10</td><td>20</td><td>15</td></tr> </table> TO <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>MO.</td><td>DAY</td><td>YEAR</td></tr> <tr><td>11</td><td>23</td><td>15</td></tr> </table>		MO.	DAY	YEAR	10	20	15	MO.	DAY	YEAR	11	23	15	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>MO.</td><td>DAY</td><td>YEAR</td></tr> <tr><td>11</td><td>3</td><td>15</td></tr> </table>			MO.	DAY	YEAR	11	3	15
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10	20	15																					
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11	23	15																					
MO.	DAY	YEAR																					
11	3	15																					
6TH TUESDAY PRE-ELECTION ⁴	<div style="border: 1px solid black; padding: 5px;"> CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>(2,000)</u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ _____ </div>																						
2ND FRIDAY PRE-ELECTION ⁵																							
30 DAY POST-ELECTION ⁶ <input checked="" type="checkbox"/>	FOR OFFICE USE ONLY																						
ANNUAL REPORT ⁷	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td><input type="checkbox"/></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td><input checked="" type="checkbox"/></td> <td>NO</td> <td><input type="checkbox"/></td> </tr> </table>					AMENDMENT REPORT?	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>								
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AFFIDAVIT SECTION

COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL

DANA R. AXELROD, Notary Public
Lower Merion Twp., Montgomery County, PA
My Commission Expires July 15, 2014

1 - Statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
Statement is filed on behalf of a Candidate, the Candidate must sign here.
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

30 DAY OF November 2011

Dana R. Axelrod
SIGNATURE
MY COMMISSION EXPIRES July 15, 2014
MO. DAY YR.

X Walter I. Hofman
SIGNATURE OF PERSON SUBMITTING REPORT
WALTER I. HOFMAN
PRINTED NAME
610 668 5954
AREA CODE DAYTIME TELEPHONE NUMBER

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

MY COMMISSION EXPIRES _____
MO. DAY YR.

SIGNATURE OF CANDIDATE

PRINTED NAME

AREA CODE

DAYTIME TELEPHONE NUMBER



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A 19004-2714

U.S. POSTAGE
PAID
ARDMORE, PA
19003
DEC 02, 15
AMOUNT
\$2.08
00108211-02



19404



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

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