

# 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	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>WALTER HOFMAN, MD</b>									
STREET ADDRESS <b>707 BOWMAN AVE</b>									
CITY <b>MERION STATION</b>			STATE <b>PA</b>	ZIP CODE <b>19066-</b>					
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY	DATE OF ELECTION			
	<b>CORONER MONTGOMERY COUNTY</b>			<b>AL</b>	<b>DEM</b>	MO.	DAY	YEAR	
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD			FOR OFFICE USE ONLY			RECEIVED 2011 DEC -5 A 11:36 OFFICE OF VOTER SERVICES MONTG. CO. PA	
2ND FRIDAY PRE-PRIMARY	2.								
30 DAY POST-PRIMARY	3.								
6TH TUESDAY PRE-ELECTION	4.								
2ND FRIDAY PRE-ELECTION	5.								
30 DAY POST-ELECTION	6. <input checked="" type="checkbox"/>								
ANNUAL REPORT	7.								
CASH BALANCE AT END OF REPORTING PERIOD: \$ <b>(7,000)</b>			TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ _____			AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

## AFFIDAVIT SECTION

### PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If 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 12 DAY OF 2011 20

**WALTER HOFMAN MD**  
 SIGNATURE OF PERSON SUBMITTING REPORT  
**WALTER E. HOFMAN MD**  
 PRINTED NAME

**610** **664 5954**  
 AREA CODE DAYTIME TELEPHONE NUMBER

**COMMONWEALTH OF PENNSYLVANIA**  
 NOTARIAL SEAL  
**PATRICIA A. MYERS, Notary Public**  
 Normaltown Boro., Montgomery County  
 My Commission Expires September 19, 2014

### 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