

# 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 <sup>1.</sup>		COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/>		LOBBYIST <sup>3.</sup>				
Name of Filing Committee, Candidate or Lobbyist: <b>FRIENDS OF WALTER HOFMAN</b>												
Street Address: <b>707 S ROWMAN AVE</b>												
City: <b>MERION STATION</b>					State: <b>PA</b>		Zip Code: <b>19096 -</b>					
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY <sup>1.</sup>		2ND FRIDAY PRE-PRIMARY <sup>2.</sup>		30 DAY POST PRIMARY <sup>3.</sup>		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>					
	6TH TUESDAY PRE-ELECTION <sup>4.</sup>		2ND FRIDAY PRE-ELECTION <sup>5.</sup>		30 DAY POST ELECTION <sup>6.</sup>		TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>					
	ANNUAL REPORT <input checked="" type="checkbox"/>		YEAR <b>2011</b>		FILING METHOD ( ) CHECK ONE <input type="checkbox"/>		PAPER <input checked="" type="checkbox"/>		DISKETTE <input type="checkbox"/>			
Name of Office Sought by Candidate: <b>MONTCO CORONER</b>					DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
					MO.	DAY	YEAR	<b>AL</b>		<b>DEM</b>	<b>46</b>	
					<b>11</b>	<b>8</b>	<b>11</b>	(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:					MO.	DAY	YEAR	FOR OFFICE USE ONLY				
					<b>11</b>	<b>29</b>	<b>2011</b>	OFFICE OF VOTER SERVICES MONTG. CO. PA 2012 JAN 19 A 9:57 RECEIVED				
A. Amount Brought Forward From Last Report					To	MO.	DAY					YEAR
						<b>12</b>	<b>31</b>					<b>2011</b>
B. Total Monetary Contributions and Receipts (From Schedule I)					\$	<b>8,861.10</b>						
C. Total Funds Available (Sum of Lines A and B)					\$	<b>8,861.10</b>						
D. Total Expenditures (From Schedule III)					\$	<b>5,050.10</b>						
E. Ending Cash Balance (Subtract Line D from Line C)					\$	<b>3,811.10</b>						
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 swear (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 27 day of January 20 12

Samuel T. Aneubahn  
Signature

My commission expires 11 12 13  
MO. DAY YR.

Samuel T. Aneubahn  
Signature of Person Submitting Report

**SAMUEL T ANEUBAHN**  
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 \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature

My commission expires \_\_\_\_\_ MO. DAY YR.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>FRIENDS OF WALTER HOFMAN</b>	Reporting Period From <b>11/29/11</b> To <b>12/31/11</b>
--	---

To Whom Paid <b>MONTGOMERY CTY YOUNG DEMOCRATS</b>	MO. <b>12</b>	DAY <b>31</b>	YEAR <b>11</b>	Amount <b>\$ 50</b>
Mailing Address <b>414 REUCEE RD</b>	Description of Expenditure <b>CONTRIBUTION</b>			
City <b>LAFAYETTE HILLS</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19444</b>		
To Whom Paid <b>WALTER HOFMAN</b>	MO. <b>12</b>	DAY <b>31</b>	YEAR <b>2011</b>	Amount <b>\$ 5,000</b>
Mailing Address <b>707 S BOWMAN AVE</b>	Description of Expenditure <b>LOAN REPAYMENT</b>			
City <b>MERION STATION</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19066</b>		
To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
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  
**\$ 5,050**