

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 <input checked="" type="checkbox"/>		COMMITTEE <input type="checkbox"/>		LOBBYIST <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 (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY <input type="checkbox"/>		2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>		30 DAY POST PRIMARY <input type="checkbox"/>		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>				
	8TH TUESDAY PRE-ELECTION <input type="checkbox"/>		2ND FRIDAY PRE-ELECTION <input type="checkbox"/>		30 DAY POST ELECTION <input type="checkbox"/>		TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>				
	ANNUAL REPORT <input checked="" type="checkbox"/>		YEAR: 2011		FILING METHOD: () CHECK ONE <input type="checkbox"/>		PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>				
Name of Office Sought by Candidate: MONTIC CORONER					DATE OF ELECTION MO. DAY YEAR 11 8 11			District Number: AL Office Code: Party Code: DEM County Code: 46 (SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:			MO. DAY YEAR 11 29 11			To			MO. DAY YEAR 12 31 11		
A. Amount Brought Forward From Last Report				\$ (7,000)							
B. Total Monetary Contributions and Receipts (From Schedule I)				\$ 5,000							
C. Total Funds Available (Sum of Lines A and B)				\$ (2,000)							
D. Total Expenditures (From Schedule III)				\$ 1							
E. Ending Cash Balance (Subtract Line D from Line C)				\$ (2,000)							
F. Value of In-Kind Contributions Received (From Schedule II)				\$							
G. Unpaid Debts and Obligations (From Schedule IV)				\$							
FOR OFFICE USE ONLY											
RECEIVED 2012 JAN 19 A 9:5 OFFICE OF VOTER SERVICES MONTG. CO. PA											

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

18th day of JANUARY 20 12

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

WALTER I. HOFMAN
 Signature of Person Submitting Report
 Printed Name
 GRO
 Area Code
 664 5754
 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

Department of State • Bureau of Commissions, Elections and Legislation
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate WALTER HOFMAN	Reporting Period From 11/29/11 To 12/31/11
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
TOTAL for the Reporting Period	(2)	\$

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$ 5,000
TOTAL for the Reporting Period	(3)	\$ 5,000

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
TOTAL for the Reporting Period	(4)	\$

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 5,000
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**PART D
ALL OTHER CONTRIBUTIONS**

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate WALTER HOFMAN	Reporting Period From 11/29/11 To 12/31/11
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				DATE	AMOUNT
Full Name of Contributor	MO.	DAY	YEAR		
FRIENDS OF WALTER HOFMAN	12	31	11	\$ 5,000	
Mailing Address 707 S BOWMAN AVE	MO.	DAY	YEAR	\$ LOAN REPAYM	
City MERION STATION	MO.	DAY	YEAR	\$	
State PA	Zip Code (Plus 4) 19066			\$	
Employer Name MONTCO CORONER	Occupation PHYSICIAN				
Employer Mailing Address/Principal Place of Business PO Box 414 NORRISTOWN PA 19404					
Full Name of Contributor	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State	Zip Code (Plus 4)			\$	
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State	Zip Code (Plus 4)			\$	
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State	Zip Code (Plus 4)			\$	
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State	Zip Code (Plus 4)			\$	
Employer Name	Occupation				
Employer Mailing Address/Principal Place of Business					

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ **5,000**