

COMMONWEALTH OF PENNSYLVANIA
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	LOBBYIST ³	
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	DATE OF ELECTION	
	6TH TUESDAY PRE-PRIMARY ^{1.}		MONTGOMERY COUNTY CORONER	AL	DEM	MO. 11 DAY 8 YEAR 11
	2ND FRIDAY PRE-PRIMARY ^{2.}		DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY	
	30 DAY POST-PRIMARY ^{3.}		MO. DAY YEAR TO MO. DAY YEAR 01 01 12 TO 12 31 12		RECEIVED 2013 JAN 25 P 2:20 OFFICE OF THE CLERK OF THE PROTESTANTS LONG CO. PA	
	6TH TUESDAY PRE-ELECTION ^{4.}		CASH BALANCE AT END OF REPORTING PERIOD: \$(2,000)			
	2ND FRIDAY PRE-ELECTION ^{5.}		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ _____			
	30 DAY POST-ELECTION ^{6.}		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
ANNUAL REPORT ^{7.} <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 24 th DAY OF January 2013 Patricia A. Myers SIGNATURE MY COMMISSION EXPIRES 9 19 2014 MO. DAY YR.	[Signature] SIGNATURE OF PERSON SUBMITTING REPORT WALTER HOFMAN PRINTED NAME 610 664 5954 AREA CODE DAYTIME TELEPHONE NUMBER
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PART II -

If statement is filed on behalf of a Candidate Authorized Committee, Candidate must sign here.

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

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, 1972 (P.S. 1101).

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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