

# 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																	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>JOSEPH HOFFEL</b>																					
STREET ADDRESS <b>1908 LYCOMING AVE</b>																					
CITY <b>ABINGTON</b>		STATE <b>PA</b>	ZIP CODE <b>19001</b>																		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <b>COUNTY COMMISSIONER</b>		DISTRICT NO.	PARTY <b>DEM</b>																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3">DATES OF REPORTING PERIOD</th> <th colspan="3">TO</th> </tr> <tr> <td>MO.</td><td>DAY</td><td>YEAR</td> <td>MO.</td><td>DAY</td><td>YEAR</td> </tr> <tr> <td></td><td><b>10</b></td><td><b>18</b></td> <td><b>10</b></td><td><b>12</b></td><td><b>31</b></td> </tr> </table>		DATES OF REPORTING PERIOD			TO			MO.	DAY	YEAR	MO.	DAY	YEAR		<b>10</b>	<b>18</b>	<b>10</b>	<b>12</b>	<b>31</b>	DATE OF ELECTION
DATES OF REPORTING PERIOD			TO																		
MO.	DAY	YEAR	MO.	DAY	YEAR																
	<b>10</b>	<b>18</b>	<b>10</b>	<b>12</b>	<b>31</b>																
6TH TUESDAY PRE-PRIMARY			MO. DAY YEAR																		
2ND FRIDAY PRE-PRIMARY																					
30 DAY POST-PRIMARY																					
6TH TUESDAY PRE-ELECTION																					
2ND FRIDAY PRE-ELECTION																					
30 DAY POST-ELECTION																					
ANNUAL REPORT	<input checked="" type="checkbox"/>																				
CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>  TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>			RECEIVED  2011 JAN 28 A 11: 11  OFFICE OF VOTER SERVICES MONTG. CO PA																		
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

28 DAY OF January 2011

*Joseph Howard Galliano*  
SIGNATURE

MY COMMISSION EXPIRES Aug 13, 2012  
MO. DAY YR.

*Joseph Hoefel*  
SIGNATURE OF PERSON SUBMITTING REPORT

**JOSEPH HOFFEL**  
PRINTED NAME

215 983-7708  
AREA CODE DAYTIME TELEPHONE NUMBER

NOTARIAL SEAL

JENNIFER MAIREAD GALLIANO

Notary Public

MORRISTOWN BORO., MONTGOMERY COUNTY

My Commission Expires Aug 13, 2012

### 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 OF CANDIDATE

PRINTED NAME

SIGNATURE

MY COMMISSION EXPIRES MO. DAY YR.

AREA CODE DAYTIME TELEPHONE NUMBER