

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: ▶		Report Filed By: ▶		CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist: WALTER HOFFMAN							
Street Address: 707 BOWMAN AVE							
City: MERION STATION				State: PA	Zip Code: 19066 -		
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>	1.	2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>	2.	30 DAY POST PRIMARY <input type="checkbox"/>	3.	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION <input type="checkbox"/>	4.	2ND FRIDAY PRE-ELECTION <input type="checkbox"/>	5.	30 DAY POST ELECTION <input type="checkbox"/>	6.	TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	ANNUAL REPORT <input checked="" type="checkbox"/>	7.	YEAR 2010		FILING METHOD () CHECK ONE ▶		PAPER <input checked="" type="checkbox"/>

Name of Office Sought by Candidate: MONTGOMERY COUNTY CORONER			DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR	MO.	DAY	YEAR	AL			46
05	17	2011				(SEE INSTRUCTIONS FOR CODES)			

Summary of Receipts and Expenditures from: ▶	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY OFFICE OF VOTER SERVICES MONTG. CO. PA 2011 JAN 31 P 2:54 RECEIVED	
	11	23	2010		12	31	2010		
	A. Amount Brought Forward From Last Report				\$	0			
	B. Total Monetary Contributions and Receipts (From Schedule II)				\$	0			
	C. Total Funds Available (Sum of Lines A and B)				\$	0			
	D. Total Expenditures (From Schedule III)				\$	2,000			
	E. Ending Cash Balance (Subtract Line D from Line C)				\$	(2,000)			
	F. Value of In-Kind Contributions Received (From Schedule III)				\$				
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.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Kori Springer, Notary Public
Norristown Boro, Montgomery County
My Commission Expires July 25, 2013
Member, Pennsylvania Association of Notaries

Sworn to and subscribed before me this 31st day of January, 2011

Kori Springer Signature

My commission expires July 25 2013
MO. DAY YR.

} Walter Hoffman Signature of Person Submitting Report
WALTER I - HOFFMAN Printed Name
610 Area Code 664 5954 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

STATEMENT OF EXPENDITURES

2 2

Name of Filing Committee or Candidate WALTER HOFMAN	Reporting Period From 11/23/10 To 12/31/10
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				Amount
To Whom Paid BONNIE SQUIREL	MO. 11	DAY 23	YEAR 2010	\$ 2,000
Mailing Address 11 ARTHUR'S ROUND TABLE		Description of Expenditure CAMPAIGN		
City WYNNEWOOD	State PA	Zip Code (Plus 4) 19096		MANAGEMENT
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
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
\$ 2,000