

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 ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}			
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF WALTER HOFMAN, MD											
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 ^{1.}		2ND FRIDAY PRE-PRIMARY ^{2.}		30 DAY POST PRIMARY ^{3.}		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	6TH TUESDAY PRE-ELECTION ^{4.}		2ND FRIDAY PRE-ELECTION ^{5.}		30 DAY POST ELECTION ^{6.}		TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	ANNUAL REPORT ^{7.} <input checked="" type="checkbox"/>		YEAR 2010		FILING METHOD () CHECK ONE <input type="checkbox"/>		PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>				
Name of Office Sought by Candidate: MONTGOMERY COUNTY CORNER					DATE OF ELECTION		District Number	Office Code	Party Code	County Code	
					MO. DAY YEAR 5 17 2010						
							(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from: <input type="checkbox"/>			MO. DAY YEAR			MO. DAY YEAR			FOR OFFICE USE ONLY RECEIVED 2011 JAN 31 P 2:54 OFFICE OF VOTER SERVICES MONTG. CO. PA.		
			11 23 2010			To 12 31 2010					
A. Amount Brought Forward From Last Report				\$		8,711.29					
B. Total Monetary Contributions and Receipts (From Schedule I)				\$		1050 -					
C. Total Funds Available (Sum of Lines A and B)				\$		9,761.29					
D. Total Expenditures (From Schedule III)				\$		1,967.25					
E. Ending Cash Balance (Subtract Line D from Line C)				\$		7,794.04					
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 15th day of January 2011

Kathleen McCallough
Signature

Samuel I. Adenbaum
Signature of Person Submitting Report

SAMUEL I. ADENBAUM
Printed Name

610 585-1830
Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Kathleen McCallough, Notary Public
DAY - 21 - 2013
YR.

PART II - If this is a Candidate report, 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. COMMONWEALTH OF PENNSYLVANIA

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

Kori Springer
Signature

Walter L. Bowman
Signature of Candidate

WALTER L. BOWMAN MD
Printed Name

610 585-5954
Area Code Daytime Telephone Number

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

My commission expires July 25 2013
MO. DAY YR.

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate FRIENDS OF WALTER HOEFMAN, MD	Reporting Period From 11/23/10 To 12/31/10
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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)		\$ 550
	TOTAL for the Reporting Period	(2) \$ 550

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$ 500
	TOTAL for the Reporting Period	(3) \$ 500

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.)	\$ 1,050
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ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate FRIENDS OF WALTER HOFMAN, MD	Reporting Period From 11/23/10 To 12/31/10
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor NR + AM GOODMAN	11	23	2010	\$ 100
Mailing Address 44 SAGEBRUSH LANE	MO.	DAY	YEAR	\$
City LANGHORNE	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19047-				
Full Name of Contributor CYRIL + SIGRID WECHT	11	23	2010	\$ 100
Mailing Address 520 DARLINGTON RD	MO.	DAY	YEAR	\$
City PITTSBURGH	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 15217-				
Full Name of Contributor ALBERT + GLADYS MENDEL	11	29	2010	\$ 250
Mailing Address 204 GARNET LANE	MO.	DAY	YEAR	\$
City BALA CYNWYD	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19001-				
Full Name of Contributor LOUIS FINE	12	04	2010	\$ 100
Mailing Address 1333 RACE ST	MO.	DAY	YEAR	\$
City PHILADELPHIA	MO.	DAY	YEAR	\$
State PA				
Zip Code (Plus 4) 19107-				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				
Zip Code (Plus 4)				

PAGE TOTAL
\$ 550

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

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 FRIENDS OF WALTER HOFFMAN, MD	Reporting Period From 11/23/10 To 12/31/10
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor ISIDORE M. HALAKIS, MD				11	23	2010	\$ 500
Mailing Address 1024 HIGHLAND AVE				MO.	DAY	YEAR	\$
City BETHLEHEM	State PA	Zip Code (Plus 4) 18018-2137		MO.	DAY	YEAR	\$
Employer Name SELF EMPLOYED				Occupation PHYSICIAN			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
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
\$ 500

STATEMENT OF EXPENDITURES

5 5

Name of Filing Committee or Candidate FRIENDS OF WALTER HOFMAN, MD	Reporting Period From 11/23/10 To 12/31/10
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To Whom Paid	MO.	DAY	YEAR	Amount
F LEE BAILEY	11	23	2010	\$ 144 ⁵⁰
Mailing Address 38 BLUEBERRY COVE		Description of Expenditure AIRFARE		
City YARMOUTH	State ME	Zip Code (Plus 4) 04096		
SPRING MILL FIRE COMPANY	12	23	2010	\$ 990
Mailing Address 1210 HECTOR ST		Description of Expenditure FACILITY + LABOR		
City CONSHOHOCKEN	State PA	Zip Code (Plus 4) 19428 -		C/O WALTER HOFMAN
MARRIOTT	12	12	2010	\$ 343 ⁰⁹
Mailing Address 111 CRAWFORD AVE		Description of Expenditure LOGGING F LEE BAILEY		
City W CONSHOHOCKEN	State PA	Zip Code (Plus 4) 19428 -		C/O WALTER HOFMAN
USPS	12	12	10	\$ 15890
Mailing Address		Description of Expenditure POSTAGE		
City MERIDEN STATION	State PA	Zip Code (Plus 4) 19066 -		C/O Walter Hofman
COSTCO	12	12	10	\$ 198 ¹⁴
Mailing Address 201 ALLEMANNE RD		Description of Expenditure RECEPTION SUPPLIES		
City KOP	State PA	Zip Code (Plus 4) -		C/O WALTER HOFMAN
DUNKIN DONUTS	12	12	10	\$ 74 ¹⁵
Mailing Address 108 W RIDGE PIKE		Description of Expenditure RECEPTION SUPPLIES		
City CONSHOHOCKEN	State PA	Zip Code (Plus 4) 19428 -		C/O WALTER HOFMAN
GROCERIES	12	12	10	\$ 58 ²⁷
Mailing Address		Description of Expenditure RECEPTION SUPPLIES		
City	State	Zip Code (Plus 4) -		C/O WALTER HOFMAN
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
\$ 1967 ²⁵