

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 | | | | | | | | | | | |
| Street Address: 707 BOUMAN 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 checked="" type="checkbox"/> |
| | 6TH TUESDAY PRE-ELECTION | <input type="checkbox"/> | 2ND FRIDAY PRE-ELECTION | <input type="checkbox"/> | 30 DAY POST ELECTION | <input checked="" type="checkbox"/> | TERMINATION REPORT? | YES | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> |
| | ANNUAL REPORT | <input type="checkbox"/> | YEAR | <input type="checkbox"/> | FILING METHOD () CHECK ONE <input type="checkbox"/> | | PAPER | <input checked="" type="checkbox"/> | DISKETTE | | |
| Name of Office Sought by Candidate: | | | | DATE OF ELECTION | | | District Number | Office Code | Party Code | County Code | |
| | | | | MO. | DAY | YEAR | | | | (SEE INSTRUCTIONS FOR CODES) | |

| | | | | | | | |
|--|--------------|-----|------|----|-----|-----|------|
| Summary of Receipts and Expenditures from: | MO. | DAY | YEAR | To | MO. | DAY | YEAR |
| | 10 | 25 | 2011 | | 11 | 28 | 2011 |
| A. Amount Brought Forward From Last Report | \$ 9,831.43 | | | | | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ 1,100.00 | | | | | | |
| C. Total Funds Available (Sum of Lines A and B) | \$ 10,931.43 | | | | | | |
| D. Total Expenditures (From Schedule III) | \$ 2,070.33 | | | | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ 8,861.10 | | | | | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | | | | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | | | | | | |

FOR OFFICE USE ONLY

RECEIVED

DEC - 5 A 11:36

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 25 day of December 20 11

Steven P. Traxier
Signature

My commission expires 11 12 13
MO. DAY YR.

Samuel I. Adenbaum
Signature of Person Submitting Report

SAMUEL I ADENBAUM
Printed Name

610 585-1830
Area Code 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 22 day of 12 20 11

Patricia A. Myers
Signature

My commission expires MO. DAY YR.

WALTER E. HOFMAN MD
Signature of Candidate

WALTER E. HOFMAN MD
Printed Name

610 664 5754
Area Code Daytime Telephone Number

NOTARIAL SEAL
PATRICIA A. MYERS, Mayor Public of State
 Norrisstown Boro., Montgomery County Building
 My Commission Expires September 19, 2014

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

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| | |
|--|---|
| Name of Filing Committee or Candidate FRIGORS OF WALTER HOFMAN | Reporting Period From 10/25/11 To 11/28/11 |
|--|---|

| | | |
|---|-----|---------------|
| 1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR | | |
| | (1) | \$ 100 |

| | | |
|--|-----|----|
| 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) | | \$ 1,000 |
| TOTAL for the Reporting Period | (3) | \$ 1,000 |

| | | |
|--|-----|----|
| 4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E) | | |
| | (4) | \$ |

| | |
|---|-----------------|
| TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i> | \$ 1,100 |
|---|-----------------|

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 HOFMAN | Reporting Period From 10/25/11 To 11/28/11 |
|--|---|

| | DATE | | | AMOUNT |
|---|------|-----|------|--------------------------------|
| | MO. | DAY | YEAR | |
| Full Name of Contributor WARREN F MILLER, JR | 11 | 9 | 11 | \$ 1,000 |
| Mailing Address 549 CARLISLE ST | MO. | DAY | YEAR | \$ |
| City HANOVER State PA Zip Code (Plus 4) 17331 | MO. | DAY | YEAR | \$ |
| Employer Name WETZEL FUNERAL HOME | | | | Occupation MORTICIAN |
| Employer Mailing Address/Principal Place of Business 549 CARLISLE ST HANOVER PA 17331 | | | | |
| 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 \$ 1,000 |
|-------------------------------|

SCHEDULE III STATEMENT OF EXPENDITURES

| | |
|--|---|
| Name of Filing Committee or Candidate FRIENDS OF WALTER HOFMAN | Reporting Period From 10/25/11 To 11/28/11 |
|--|---|

| | | | | |
|--|--------------------|-----------------------------------|---------------------|-------------------------|
| To Whom Paid PUBLIC RECORD | MO. 11 | DAY 3 | YEAR 2011 | Amount \$ 190 |
| Mailing Address 1323 S BROAD ST | | | | |
| Description of Expenditure ADVERTISING | | | | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19147 | | |

| | | | | |
|--|--------------------|------------------------------------|-------------------|---------------------------------------|
| To Whom Paid MAIN LINE MEDIA NEWS | MO. 11 | DAY 3 | YEAR 11 | Amount \$ 611 ³⁵ |
| Mailing Address 311 E LANCASTER AVE | | | | |
| Description of Expenditure ADVERTISING | | | | |
| City ARMORE | State PA | Zip Code (Plus 4) 19003- | | |

| | | | | |
|--|------------------|-------------------|-------------------|---------------------------------------|
| To Whom Paid CUSTOM INK | MO. 11 | DAY 3 | YEAR 11 | Amount \$ 277 ⁷⁵ |
| Mailing Address INTERNET - CUSTOMINK.COM | | | | |
| Description of Expenditure T-Shirts | | | | |
| City | State | Zip Code (Plus 4) | | |

| | | | | |
|---|--------------------|------------------------------------|-------------------|-------------------------|
| To Whom Paid LOWER PROVIDENCE DEMS | MO. 10 | DAY 26 | YEAR 11 | Amount \$ 100 |
| Mailing Address PO Box 302 | | | | |
| Description of Expenditure CONTRIBUTION | | | | |
| City FAGCEVILLE | State PA | Zip Code (Plus 4) 19408- | | |

| | | | | |
|---|--------------------|-----------------------------------|-------------------|-------------------------|
| To Whom Paid FRIENDS OF BROWN/LADDALER | MO. 10 | DAY 26 | YEAR 11 | Amount \$ 100 |
| Mailing Address 540 COWPATH RD | | | | |
| Description of Expenditure CONTRIBUTION | | | | |
| City HATFIELD | State PA | Zip Code (Plus 4) 19440 | | |

| | | | | |
|---|--------------------|-------------------|-------------------|-------------------------|
| To Whom Paid MCDC | MO. 10 | DAY 27 | YEAR 11 | Amount \$ 550 |
| Mailing Address | | | | |
| Description of Expenditure CONTRIBUTION | | | | |
| City NORRISTOWN | State PA | Zip Code (Plus 4) | | |

| | | | | |
|--|--------------------|-----------------------------------|-------------------|-------------------------|
| To Whom Paid DCLMN | MO. 11 | DAY 2 | YEAR 11 | Amount \$ 100 |
| Mailing Address 50 MONUMENT RD | | | | |
| Description of Expenditure | | | | |
| City BAHA CYNWYD | State PA | Zip Code (Plus 4) 19006 | | |

| | | | | |
|---|--------------------|-----------------------------------|-------------------|-------------------------|
| To Whom Paid DEM COMM OF CHELTERHAM | MO. 11 | DAY 2 | YEAR 11 | Amount \$ 100 |
| Mailing Address 209 FERNBROOK AVE | | | | |
| Description of Expenditure | | | | |
| City WYNCOTE | State PA | Zip Code (Plus 4) 19095 | | |

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 2,029 ¹⁰

PAGE 1 OF 1

SCHEDULE III
STATEMENT OF EXPENDITURES

| | |
|---|---|
| Name of Filing Committee or Candidate FRIENDS OF WALTER HOFFMAN | Reporting Period From 10/24/11 To 11/28/11 |
|---|---|

| | MO. | DAY | YEAR | Amount |
|---|--|-------|------|----------|
| To Whom Paid COSTCO | 10 | 27 | 11 | \$ 22.57 |
| Mailing Address 201 ALLENDALE RD | Description of Expenditure FOOD | | | |
| City KOP | PA | 19406 | - | |
| To Whom Paid PARTYLAND | 10 | 27 | 11 | \$ 10.13 |
| Mailing Address ARMORE | Description of Expenditure SUPPLIES | | | |
| City ARMORE | PA | 19003 | - | |
| To Whom Paid MICHAELS | 10 | 28 | 11 | \$ 8.53 |
| Mailing Address 205 W DETALA PIKE | Description of Expenditure OFFICE SUPPLIES | | | |
| City KOP | PA | 19406 | - | |
| To Whom Paid | | | | \$ |
| Mailing Address | Description of Expenditure | | | |
| City | | | | |
| To Whom Paid | | | | \$ |
| Mailing Address | Description of Expenditure | | | |
| City | | | | |
| To Whom Paid | | | | \$ |
| Mailing Address | Description of Expenditure | | | |
| City | | | | |
| To Whom Paid | | | | \$ |
| Mailing Address | Description of Expenditure | | | |
| City | | | | |
| To Whom Paid | | | | \$ |
| Mailing Address | Description of Expenditure | | | |
| City | | | | |

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 41.23