

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	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST WALTER HOFMAN, MD								
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.	CORONER			AL	DEM		MO. DAY YEAR 11 3 15
2ND FRIDAY PRE-PRIMARY	2.	DATES OF REPORTING PERIOD		MO. DAY YEAR		FOR OFFICE USE ONLY		
30 DAY POST-PRIMARY	3.	MO. DAY YEAR 6 9 15		TO 10 19 15		OFFICE OF STATE SERVICE 2015 OCT 27 PM 12:01		
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	NO			
ANNUAL REPORT	7.	TERMINATION REPORT?		YES	NO			

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

22nd DAY OF October 2015

Dana R. Axelrod
 SIGNATURE

MY COMMISSION EXPIRES July 15, 2018
 MO. DAY YR.

Samuel Adenbaum
 SIGNATURE OF PERSON SUBMITTING REPORT

SAMUEL ADENBAUM
 PRINTED NAME

610 585-1830
 AREA CODE DAYTIME TELEPHONE NUMBER

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

23rd DAY OF October 2015

Dana R. Axelrod
 SIGNATURE

MY COMMISSION EXPIRES July 15, 2018
 MO. DAY YR.

Walter J. Hofman
 SIGNATURE OF CANDIDATE

WALTER J. HOFMAN
 PRINTED NAME

610 664-5954
 AREA CODE DAYTIME TELEPHONE NUMBER

NOTARIAL SEAL

DANA R. AXELROD, Notary Public
 Lower Merion Twp., Montgomery County
 My Commission Expires July 15, 2018