REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
HOEFFEL FOR CONGRESS

ADDRESS (number and street) [X] Check if different than previously reported.
24 W. AIRY STREET

CITY, STATE and ZIP CODE | STATE/DISTRICT
NORRISTOWN PA 19401 | PA-13

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
FEB 3 1 05 PM '98

2. FEC IDENTIFICATION NUMBER
C00314120

3. IS THIS REPORT AN AMENDMENT?
[ ] YES [X] NO

4. TYPE OF REPORT

- [ ] April 15 Quarterly Report
- [ ] July 15 Quarterly Report
- [ ] October 15 Quarterly Report
- [X] January 31 Year End Report
- [ ] July 31 Mid-Year Report (Non-election Year Only)
- [ ] 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- [ ] 30-Day Post-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- [ ] Termination Report

This report contains activity for [X] Primary Election [X] General Election '97 [ ] Special Election [ ] Runoff Election

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 7/1/97 through 12/31/97		
6.	Net Contributions (other than loans)		
(a)	Total Contributions (other than loans) (from Line 11(e))	108900.01	132585.01
(b)	Total Contribution Refunds (from Line 20(d))	3000.00	3200.00
(c)	Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	105900.01	129385.01
7.	Net Operating Expenditures		
(a)	Total Operating Expenditures (from Line 17)	19668.79	47935.93
(b)	Total Offsets to Operating Expenditures (from Line 14)	-	2945.75
(c)	Net Operating Expenditures (subtract Line 7(b) from 7(a))	19668.79	50881.68
8.	Cash on Hand at Close of Reporting Period (from Line 27)	92615.20	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	6060.58	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
JEFFREY ALBERT

Signature of Treasurer
Jeffrey Albert

Date
1/30/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3
(revised 4/97)

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full): HOEFFEL FOR CONGRESS

Report Covering the Period: From: 7/1/97 To: 12/31/97

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date	
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)	99834.01		11(a)(i)
(ii) Unitemized	7066.00		11(a)(ii)
(iii) Total of contributions from individuals	106900.01	123835.01	11(a)(iii)
(b) Political Party Committees	-	250.00	11(b)
(c) Other Political Committees (such as PACs)	2000.00	8500.00	11(c)
(d) The Candidate	-	-	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	108900.01	132585.01	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	-	-	12
13. LOANS:			
(a) Made or Guaranteed by the Candidate	-	-	13(a)
(b) All Other Loans	-	-	13(b)
(c) TOTAL LOANS (add 13(a) and (b))	-	-	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	-	2945.75	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	86.83	86.83	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	108986.84	135617.59	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	1968.79	47935.93	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	-		18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	-	-	19(a)
(b) Of All Other Loans	-	-	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	-	-	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	2000.00	2200.00	20(a)
(b) Political Party Committees	-		20(b)
(c) Other Political Committees (such as PACs)	1000.00	1000.00	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	3000.00	3200.00	20(d)
21. OTHER DISBURSEMENTS	-		21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	22668.79	51135.93	22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	$ 6297.15	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	$ 108986.84	24
25. SUBTOTAL (add Line 23 and Line 24)	$ 115283.99	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	$ 22668.79	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	$ 92615.20	27

FE5AN144

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 41

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Hoeffel for Congress

A. Full Name, Mailing Address and ZIP Code John D. Moyer 120 King Road Green Lane, PA 18054 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Moyer + Son, Inc. Occupation Executive Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 12/22/97	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code George L. Kelley, Jr. 207 Almur Lane Wynnewood, PA 19096 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 12/22/97	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code David Sonenshein 533 Winding Way Merion Station, PA 19066 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Temple University Occupation Law Professor Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 12/22/97	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Edward F. Chacker 1731 Spring Garden Street Philadelphia, PA 19130-3807 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 12/22/97	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Catherine L. Ormerod 904 Lorien Drive Gwynedd Valley, PA 19437 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Graduate Student Aggregate Year-to-Date > $ 200.00	Date (month, day, year) 12/22/97	Amount of Each Receipt this Period 200.00
F. Full Name, Mailing Address and ZIP Code Elizabeth F. Shipley 305 Hagy's Ford Rd. Narberth, PA 19072-1418 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer University of Pennsylvania Occupation Psychologist Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 12/22/97	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

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SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Hoeffel for Congress

A. Full Name, Mailing Address and ZIP Code C.H. Godsden 140 W. Chestnut Hill Ave. Philadelphia, PA 19118 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Drinker, Biddle & Reath Occupation attorney Aggregate Year-to-Date > $	Date (month, day, year) 12/30/97	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Ronald Rubin 243 Conshohocken State Road Wynnewood, PA 19072 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Preate - Rubin Occupation Real Estate Developer Aggregate Year-to-Date > $	Date (month, day, year) 12/30/97	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code John R. Elliott Union Mtg. Corp Center V 925 Harvest Drive Blue Bell, PA 19422 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > $	Date (month, day, year) 12/31/97	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code LINDA GLOSS 517 ANDWYN ROAD MERION PA 19066 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Sealift International Occupation executive Aggregate Year-to-Date > $	Date (month, day, year) 12/17/97	Amount of Each Receipt this Period 1000.00
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			

FE5AN069

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (In Full)

Hoeffel for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William A. Margolis 110 Coach Lane Apt. C-9 Eagleville, PA 19408		12/30/97	1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: Retired	Aggregate Year-to-Date > $	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gilbert B. Mustin 139 Rose Lane Haverford, PA 19041		12/30/97	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: Retired	Aggregate Year-to-Date > $	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Betsy Sheerr 800 Edwin Lane Bryn Mawr PA 19010	Betsy Sheerr Communications, Inc.	12/30/97	1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: Consultant	Aggregate Year-to-Date > $	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christine H. Benvenisti 160 Cheswold Valley Road Haverford, PA 19041	U of Penn	12/30/97	300.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: Physician/Scientist	Aggregate Year-to-Date > $	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas A. Masterson 429 Inverdray Drive Villanova, PA 19085	Self	12/30/97	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: Attorney	Aggregate Year-to-Date > $	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Samuel W. Morris, Jr. 1451 CountyLine Road Rosemont PA 19010	The Lenfest Group	12/30/97	500.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: VP/General Counsel	Aggregate Year-to-Date > $	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Constance H. Williams 309 Brentford Road Haverford, PA 19041	PA House of Representatives	12/30/97	250.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: Legislator	Aggregate Year-to-Date > $	

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FE5AN009

SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Hoeffel for Congress

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Bernie J. Olszewski 1260 Holstein Court Blue Bell, PA 19422 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Retired Aggregate Year-to-Date > $	12/31/97	1,000.00
B. S. David Fineman 1608 Walnut Street, 19th Floor Philadelphia, PA 19103 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Fineman + Bach Occupation: Attorney Aggregate Year-to-Date > $	12/31/97	500.00
C. PAUL McCARTHY 8407 ARDLEIGH PHILA. PA 19118 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Morgan, Lewis + Bockius, LLP Occupation: Attorney Aggregate Year-to-Date > $	12/31/97	500.00
D. Richard L. Bazelon 3009 Foxx Lane Philadelphia, PA 19144 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Self Occupation: Attorney Aggregate Year-to-Date > $	12/31/97	300.00
E. Joseph Walsh 105 Westminster Dr. North Wales, PA 19454-1218 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: FPA Medical Management, Inc. Occupation: Corporate Executive Aggregate Year-to-Date > $	12/31/97	1,000.00
F. Robyn Walsh 105 Westminster Dr. North Wales, PA 19454-1218 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Aetna US Healthcare Occupation: Corporate Executive Aggregate Year-to-Date > $	12/31/97	1,000.00
G. Joyce A. Packer 619 Park Terrace Philadelphia, PA 19128-1630 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Phila. School District Occupation: Special Ed Teacher Aggregate Year-to-Date > $	12/31/97	500.00

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

FE5AN059

SCHEDULE A — ITEMIZED RECEIPTS

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FOR LINE NUMBER (11)(a)(i)

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NAME OF COMMITTEE (In Full)
Hoeffel for Congress

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Robert J.F. Brobyn 5715i Morton Street Marathon, FL 33050-5607 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Self / Attorney / $	12/31/97	1,000.00
B. William S. Goldenberg 25 Woodland Road Edina, MN 55424 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Huntington Learning Center / Regional Director / $	12/31/97	200.00
C. Elizabeth Wentham 6701 Springbank St. Philadelphia, PA 19119 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	U.S. Representative Chaka Fattah / Social Worker / $	12/31/97	1,000.00
D. Robert J. Brand 6701 Springbank Street Philadelphia, PA 19119-3714 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Solutions For Progress, Inc. / Planner / $	12/31/97	1,000.00
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

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FE5AN059

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11 (a) (1)

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NAME OF COMMITTEE (In Full)

Hoeffel for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Teri R. Simon 324 Hathaway Lane Wynnewood, PA 19096-1905 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Occupation Attorney Aggregate Year-to-Date > $	12/31/97	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Joe Egan 247 Sycamore Circle Lanahorne, PA 19053 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: United Products Corp. Occupation President Aggregate Year-to-Date > $	12/31/97	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Harriet G. Weiss 1536 Washington Lane Meadowbrook, PA 19046 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Hippographics Occupation Owner Aggregate Year-to-Date > $	12/31/97	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David B. Pudlin 318 Millbank Road Bryn Mawr, PA 19010 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Hangley, Arentchick, Segal & Pudlin Occupation Attorney Aggregate Year-to-Date > $	12/31/97	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Charles Kahn, Jr. 1147 Rydal Rd. Rydal, PA 19046 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Kahn & Co. Occupation Realtor Aggregate Year-to-Date > $	12/31/97	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

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SCHEDULE A

ITEMIZED RECEIPTS

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Hoeffel for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Peter Hearn 1235 Broad St. Philadelphia PA 19109-1097 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Self / Attorney / $ 1,000.00	12/29/97	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gail W. Hearn 519 Pine St. Philadelphia, PA 19106-4110 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Homemaker / $ 1,000.00	12/29/97	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Leslie R. Price 611 Elm Avenue Swarthmore, PA 19081 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Liberty Property Trust / [illegible] / $ 1,000.00	12/29/97	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Daniel E. Bacine 710Z McCallum Street Philadelphia, PA 19119 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Self / Attorney / $ 250.00	12/29/97	$250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Daniel B. Wolford 8 Primrose Lane Malvern, PA 19355 Receipt For: ☒ Primary ☒ General ☐ Other (specify):	Philadelphia Education Fund / Director / $ 1,500.00	12/29/97	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Allen Harberger 8421 Prospect Avenue Philadelphia, PA 19118 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	[illegible] / requested / $ 1,000.00	12/29/97	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	/ / $		

SUBTOTAL of Receipts This Page (optional) ....

TOTAL This Period (last page this line number only) ....

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SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11 (a) (1)

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NAME OF COMMITTEE (In Full)
Hoeffel for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven A. Berger, Esq. 2701 E. Luzerne St. Philadelphia, PA 19137	Self Occupation Attorney Aggregate Year-to-Date > $ 250.00	12/26/97	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey M. Kornblau 85 Snowflake Road Huntingdon Valley, PA 19006	Self Occupation Attorney Aggregate Year-to-Date > $ 1,000.00	12/26/97	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lynn Sare Kornblau 85 Snowflake Road Huntingdon Valley, PA	Self Occupation Attorney Aggregate Year-to-Date > $ 1,000.00	12/26/97	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert J. Bartow 554 General Lafayette Rd. Merion, PA 19066	Temple Law School Occupation Professor Aggregate Year-to-Date > $ 500.00	12/24/97	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Franklin M. Elliott 309 Bank Ave. Apt. D, POBox 24 Riverton, N.J. 08077	Occupation Retired Aggregate Year-to-Date > $ 1,000.00	12/26/97	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William B. Weihenmayer 2161 Paper Mill Road Huntingdon Valley, PA 19006	Self Occupation Real Estate Developer Aggregate Year-to-Date > $ 1150.00	12/24/97	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bennett G. Picker 31 Derwen Road Bala Cynwyd, PA 19004	Stradley, Ronon, Stevens + Young Occupation Attorney Aggregate Year-to-Date > $ 850.00	12/24/97	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

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SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 11 OF 41

FOR LINE NUMBER (17a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Hoeffel for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marla C. Martin 249 Foxgate Lane Coventryville, PA 19465 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: Homemaker Aggregate Year-to-Date > $ 1,000.00	12/24/97	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stuart Shapiro P.O. Box 4100 Rydal, PA 19046 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Prison Health Systems Occupation: Physician Aggregate Year-to-Date > $ 1,000.00	12/24/97	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark L. Alderman 775 Woodleave Rd. Bryn Mawr, PA 19010 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Wolf, Block, Schorr & Solis-Cohen Occupation: Attorney Aggregate Year-to-Date > $	12/23/97	500 P 500 G
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph C. Kohn, Esq. 240 Sugartown Rd. Devon, PA 19333 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Self Occupation: Attorney Aggregate Year-to-Date > $ 250.00	12/23/97	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick M. McHugh, Esq. Suite #24, 8040 Roosevelt Blvd. Philadelphia, PA 19152 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Self-Employed Occupation: Attorney Aggregate Year-to-Date > $	12/23/97	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Glickstein 504 W. MERMAID PHILA. PA 19118 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Lida Limited Occupation: Publisher Aggregate Year-to-Date > $ 500.00	12/23/97	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Curtrew B. Cantor 224 Waring Road Elkins Park, PA 19027 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Attorney Aggregate Year-to-Date > $ 750.00	12/23/97	750.00

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

FE5AN038

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Hoeffel for Congress

A. Full Name, Mailing Address and ZIP Code
Lee Cooper Vandeveldе
314 Carpenter Lane
Philadelphia, PA 19119-3408

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Name of Employer: Self
Occupation: Consultant
Aggregate Year-to-Date > $ 550.00

Date (month, day, year): 12/23/97

Amount of Each Receipt this Period: 50.00

B. Full Name, Mailing Address and ZIP Code
Kenneth A. Jacobsen
506 Heather Circle
Villanova, PA 19085

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Name of Employer: Self-Employed
Occupation: Attorney
Aggregate Year-to-Date > $ 1,000.00

Date (month, day, year): 12/23/97

Amount of Each Receipt this Period: 1,000.00

C. Full Name, Mailing Address and ZIP Code
John E. Littleton
331 Station Road
Wynnewood, PA 19096-1912

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Name of Employer:
Occupation: Retired
Aggregate Year-to-Date > $ 500.00

Date (month, day, year): 12/23/97

Amount of Each Receipt this Period: 500.00

D. Full Name, Mailing Address and ZIP Code
Jeffrey S. Saltz
1204 Weymouth Road
Wynnewood, PA 19096

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Name of Employer: Wolf, Block, Schorr & Solis-Cohen
Occupation: Attorney
Aggregate Year-to-Date > $ 900.00

Date (month, day, year): 12/23/97

Amount of Each Receipt this Period: 200.00

E. Full Name, Mailing Address and ZIP Code
James Eisenman, Jr.
314 South Philip Street
Philadelphia, PA 19106

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Name of Employer: Dilker, Biddle & Beaty
Occupation: Attorney
Aggregate Year-to-Date > $ 250.00

Date (month, day, year): 12/23/97

Amount of Each Receipt this Period: 250.00

F. Full Name, Mailing Address and ZIP Code

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Name of Employer:
Occupation:
Aggregate Year-to-Date > $

Date (month, day, year):

Amount of Each Receipt this Period:

G. Full Name, Mailing Address and ZIP Code

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Name of Employer:
Occupation:
Aggregate Year-to-Date > $

Date (month, day, year):

Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

FESAM089

SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: 11(a)(1)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Hueffel for Congress

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Nora Winkelman 205 Dudley Ave. Narberth, PA 19072 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Buchanan Ingersoll Attorney $ 1,100	12/19/97	1,000.00
B. Jane C. Ballard 518 E. Moreland Ave. Wyndmoor, PA 19038 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Retired $ 650.00	12/19/97	500.00
C. Alice Ballard 708 W. Mt. Airy Ave. Philadelphia, PA 19119 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Self Attorney $ 500.00	12/19/97	500.00
D. John A. Knapp 625 Parrish Rd. Swarthmore, PA 19081-1006 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Omnia, Inc. Attorney $ 500.00	12/19/97	500.00
E. Hans Thalheimer 1834 Lippincott Road Huntingdon Valley, PA 19006 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Retired $ 700.00	12/19/97	200.00
F. Maxine Libros 3900 Ford Road, Apt. 17 O Philadelphia, PA 19131 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Retired $ 200.00	12/18/97	200.00
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			

FE5AN099

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Hoeffel for Congress

A. Full Name, Mailing Address and ZIP Code

Feldman & Feldman
1500 Walnut Street #904
Philadelphia, PA 19102

Receipt For: ☒ Primary ☐ General ☐ Other (specify):

Name of Employer: Partnership

Occupation:

Aggregate Year-to-Date > $ 1,000.00

Date (month, day, year): 12/18/97

Amount of Each Receipt this Period: 1,000.00 See Memo

B. Full Name, Mailing Address and ZIP Code

Paul Feldman

Receipt For: ☒ Primary ☐ General ☐ Other (specify):

Name of Employer:

Occupation: Attorney

Aggregate Year-to-Date > $

Date (month, day, year):

Amount of Each Receipt this Period: See Above $500.00

C. Full Name, Mailing Address and ZIP Code

Stephen Feldman

Receipt For: ☒ Primary ☐ General ☐ Other (specify):

Name of Employer:

Occupation: Attorney

Aggregate Year-to-Date > $

Date (month, day, year):

Amount of Each Receipt this Period: See Above $500.00

D. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer:

Occupation:

Aggregate Year-to-Date > $

Date (month, day, year):

Amount of Each Receipt this Period:

E. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer:

Occupation:

Aggregate Year-to-Date > $

Date (month, day, year):

Amount of Each Receipt this Period:

F. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer:

Occupation:

Aggregate Year-to-Date > $

Date (month, day, year):

Amount of Each Receipt this Period:

G. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer:

Occupation:

Aggregate Year-to-Date > $

Date (month, day, year):

Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) .....

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SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committees.

NAME OF COMMITTEE (In Full)

Hoeffel for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Leslie Anne Miller 1111 Barberry Road Bryn Mawr, PA 19010 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	McKissock & Hoffman, P.C. Occupation: Attorney Aggregate Year-to-Date > $ 1,000.00	12/18/97	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Barry W. Peters 475 Poplar Lane Lafayette Hill, PA 19444-2617 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Bell Atlantic Occupation: Attorney Aggregate Year-to-Date > $ 250.00	12/18/97	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

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SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: 11(a)(i)

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NAME OF COMMITTEE (In Full)

Hoeffel for Congress

A. Full Name, Mailing Address and ZIP Code Roberta D. Pichini 766 Beacom Lane Merion Station, PA 19066 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Litvin, Blumberg, Matuson & Young Occupation Attorney Aggregate Year-to-Date > $ 200.00	Date (month, day, year) 12/17/97	Amount of Each Receipt this Period 200.00
B. Full Name, Mailing Address and ZIP Code Carlo A Montari 2 Wind path East West Springfield, MA 01089 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 12/17/97	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Warren M. Ballard 7100 East Lane, Wyndmoor Glenside, PA 19038-8512 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > $ 350.00	Date (month, day, year) 12/17/97	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

FE5AN050

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Hoeffel for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martin Greitzer 1500 Walnut Street, 20th Floor Philadelphia, PA 19102 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Self Occupation: Attorney Aggregate Year-to-Date: $ 1,000.00	12/15/97	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eugene A. Spector 2000 Market Street, 12th FL Philadelphia, PA 19103 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Self Occupation: Attorney Aggregate Year-to-Date: $ 1,000.00	12/15/97	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date: $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank K. Tarbox 520 Jarden Road Wyndmoor, PA 19038 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: Retired Aggregate Year-to-Date: $ 1,000.00	12/15/97	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Graham S. Finney 615 W. Hortter St. Philadelphia, PA 19119 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Self Occupation: Management Consultant Aggregate Year-to-Date: $ 500.00	12/15/97	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Stern 209 Fernbrook Ave. Wyncote, PA 19095 Receipt For: ☒ Primary ☒ General ☐ Other (specify):	Occupation: Retired Aggregate Year-to-Date: $ 1,075.00	12/15/97	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date: $		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

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SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: 11(a)(i)

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NAME OF COMMITTEE (In Full)

Hoeffel for Congress

A. Full Name, Mailing Address and ZIP Code Anne Constant Ewing 510 E. Mount Pleasant Ave. Philadelphia, PA 19119 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Occupation: Free-lance Editor Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year): 12/16/97	Amount of Each Receipt this Period: 1,000.00
B. Full Name, Mailing Address and ZIP Code Alan K. Campbell 3300 Darby Road, Apt. 4210 Haverford, PA 19041 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Retired Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year): 12/16/97	Amount of Each Receipt this Period: 1,000.00
C. Full Name, Mailing Address and ZIP Code Richard L. Jewkesbury, Jr. One Haddon Place Ft. Washington, PA 19034-1621 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Itom Consulting Occupation: Consultant Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year): 12/16/97	Amount of Each Receipt this Period: 1,000.00
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $	Date (month, day, year):	Amount of Each Receipt this Period:
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $	Date (month, day, year):	Amount of Each Receipt this Period:
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $	Date (month, day, year):	Amount of Each Receipt this Period:
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $	Date (month, day, year):	Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

FESAN05B

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: 11 (a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Hueffel for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
John "Haas" Mill Road 330 N. Spring Villanova, PA 19085-1739 Receipt For: ☑ Primary ☑ General ☐ Other (specify):	Occupation: Retired Aggregate Year-to-Date: $	12/12/97	$500
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Aaron, Kenneth 920 Primrose LN. Wynnewood, PA 19096-1648 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Buchanan Ingersoll Occupation: Lawyer Aggregate Year-to-Date: $ 1,000.00	12/12/97	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Stephen C. Josel 259 Harrogate Rd. Wynnewood, PA 19096 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Occupation: Lawyer Aggregate Year-to-Date: $ 1,000.00	12/12/97	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert B. Sacks 54th Street + Lindbergh Blvd Philadelphia, PA 19143 Receipt For: ☒ Primary ☒ General ☐ Other (specify):	Name of Employer: The John Bartram Association Occupation: Administrator → 1400.00 Aggregate Year-to-Date: $	12/12/97	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Morris J. Dean 4 Penn Center, 1600 JFK Blvd Phila., PA 19103 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Blank, Rome, Comisky + McCauley Occupation: Lawyer Aggregate Year-to-Date: $ 500.00	12/12/97	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Chara Haas 330 N. Spring Mill Road Villanova, PA 19085-1737 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: Homemaker Aggregate Year-to-Date: $ 625.00	12/12/97	500.
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Hoeffel for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Perio
Jane S. Abrahams 250 S. 18th Street Philadelphia, PA 19103-6140	Occupation: Homemaker	12/11/97	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Perio
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Perio
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Perio
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

FESAN059

SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Hoeffel for Congress

A. Full Name, Mailing Address and ZIP Code Merritt Willits Hallowell P.O. Box 4123 Rydal, PA 19046-6123 Receipt For: ☒ Primary ☒ General ☐ Other (specify):	Name of Employer: Self Occupation: Investor Aggregate Year-to-Date > $ 1,250.00	Date (month, day, year): 12/10/97	Amount of Each Receipt this Period: 750 P 250 G
B. Full Name, Mailing Address and ZIP Code Karen Freedman 717 N. Mt. Pleasant Road Philadelphia, PA 19119 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Occupation: Consultant Aggregate Year-to-Date > $ 300.00	Date (month, day, year): 12/10/97	Amount of Each Receipt this Period: 300.00
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $	Date (month, day, year):	Amount of Each Receipt this Period:
D. Full Name, Mailing Address and ZIP Code S. Harrison Dogole P.O. Box 500 Lafayettehill, PA 19444 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Retired Aggregate Year-to-Date > $ 350.00	Date (month, day, year): 12/11/97	Amount of Each Receipt this Period: 250.00
E. Full Name, Mailing Address and ZIP Code Raymond T. King, Jr. Butternwood Farm, 667 Lower State Rd. North Wales, PA 19454 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Retired Aggregate Year-to-Date > $ 200.00	Date (month, day, year): 12/11/97	Amount of Each Receipt this Period: 100.00
F. Full Name, Mailing Address and ZIP Code Ruth W. Prywes 416 Bryn Mawr Ave. Bala Cynwyd, PA 19004-2721 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Retired Aggregate Year-to-Date > $ 350.00	Date (month, day, year): 12/11/97	Amount of Each Receipt this Period: 250.00
G. Full Name, Mailing Address and ZIP Code Ethel Taylor Apt. 714 41 Conshohocken State Road Bala Cynwyd, PA 19004 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Retired Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year): 12/11/97	Amount of Each Receipt this Period: 1,000.00

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

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SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER: 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Hoeffel for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Raymond J. Bradley 17 Meredith Rd Wynnewood, PA 19096-3611 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Retired Aggregate Year-to-Date: $ 500.00	12/9/97	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Whitman Rice P.O. Box 572 Jenkintown, PA 19046-0572 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Retired Aggregate Year-to-Date: $	12/9/97	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Lee F. Driscoll 720 Swedesford Road Ambler, PA 19002 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Retired Aggregate Year-to-Date: $ 1,000.00	12/9/97	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Gregory S. Rubin 1376 Bartlett Rd. Wayne, PA 19087 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Aggregate Year-to-Date: $ 500.00	12/9/97	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer: Self Occupation: Attorney Aggregate Year-to-Date: $ 500.00	Date (month, day, year)	Amount of Each Receipt this Period
Stuart J. Eisenberg 1151 Wrack Rd. Meadowbrook, PA 19046 Receipt For: [X] Primary [ ] General [ ] Other (specify):		12/9/97	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer: Self Occupation: Aggregate Year-to-Date: $ 6000.00	Date (month, day, year)	Amount of Each Receipt this Period
Buck Scott 408 McClenaghan Mill Road Wynnewood, PA 19096-1006 Receipt For: [X] Primary [ ] General [ ] Other (specify):		12/10/97	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer: CLANE ENTERPRISES Inc. Occupation: Executive Aggregate Year-to-Date: $ 250.00	Date (month, day, year)	Amount of Each Receipt this Period
Henry Jordan 1465 Horseshoe Trail Chester Springs, PA 19425 Receipt For: [X] Primary [ ] General [ ] Other (specify):		12/10/97	250.00

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

FE5AN03

SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Hueffel for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ann R. Baruch 230 Laurel Lane Haverford, PA 19041 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Homemaker Aggregate Year-to-Date: $ 250.00	12/8/97	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Morgan R. Jones 1345 Chestnut Street Philadelphia, PA 19107-3494 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Drinker, Biddle & Reath Occupation: Lawyer Aggregate Year-to-Date: $ 1,000.00	12/8/97	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Julia K. Rosenwald 7910 Whitewood Rd. Elkins Park, PA 19027 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Retired Aggregate Year-to-Date: $ 500.00	12/9/97	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Leon C. Sunstein 1100 West Allens Lane Philadelphia, PA 19119 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Self Occupation: Investment Adviser Aggregate Year-to-Date: $ 250.00	12/9/97	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David Sloviter 1358 Robinhood Rd. Meadowbrook, PA 19046 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Curtiss Labs Occupation: Executive Aggregate Year-to-Date: $ 1,000.00	12/9/97	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
William Y. Giles 1755 N. Cedar Lane Villanova, PA 19085 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Philadelphia Phillies Occupation: Chairman Aggregate Year-to-Date: $ 500.00	12/9/97	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
James F. Bodine 401 Cypress St. Philadelphia, PA 19106-4206 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: Retired Aggregate Year-to-Date: $ 250.00	12/9/97	250.00

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

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SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(1)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Hoeffel for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Joe Manko Manko, Gold + Katcher, Suite 500 401 East City Avenue, Bala Cynwyd PA 19004-1122 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Manko, Gold + Katcher Attorney $ 1,250.00	12/4/97	750 P 250 G
B. Full Name, Mailing Address and ZIP Code Allen Model 663 Bethlehem Pike Flourtown PA 19031 Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Overseas Strategic Consulting Occupation: Consultant Aggregate Year-to-Date: $ 500.00	12/8/97	$500
C. Full Name, Mailing Address and ZIP Code Barrett F. Robertson 1400 Maple St. Pottstown PA 19464 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Plastic Supply of PA Inc. Occupation: Businessman Aggregate Year-to-Date: $ 500.00	12/8/97	$ 500.00
D. Full Name, Mailing Address and ZIP Code Peter Steel 209 Fernbrook Ave. Wynnote PA 19095 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Retired Aggregate Year-to-Date: $ 500.00	11/10/97	500.00
E. Full Name, Mailing Address and ZIP Code Bayard Thayer Stacey 1919 Brandywine St. Phil. PA 19130 Receipt For: ☒ Primary ☒ General ☐ Other (specify):	Name of Employer: Univ. of Penn Occupation: Professor emeritus Aggregate Year-to-Date: $ 1,250.00	12/8/97	750 P 250 G
F. Full Name, Mailing Address and ZIP Code Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

FE5AN059

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Hoeffel for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Gail Hofstein 538 Gen. Lafayette Rd. Merion Station, PA 19066 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Self Occupation Attorney Aggregate Year-to-Date > $ 1,250.00	11/11/97	Gail 500 David 500
B. Full Name, Mailing Address and ZIP Code Daniel F Gordon 1021 W. Hortter St. Philadelphia PA 19119 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Futurider Corp Occupation Real Estate Aggregate Year-to-Date > $ 1,000.00	12/5/97	1,000.00
C. Full Name, Mailing Address and ZIP Code HAROLD E. Glass 220 Marvin Rd Elkins Park, PA 19027 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Data Edge, LLC Occupation Managing Director Aggregate Year-to-Date > $ 1,000.00	12/2/97	1,000.00
D. Full Name, Mailing Address and ZIP Code Linda F. Benson 1051 Indian Creek Rd. Wynnewood, PA 19096 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Homemaker Aggregate Year-to-Date > $ 1,000.00	11/11/97	1,000.00
E. Full Name, Mailing Address and ZIP Code Roger E. Coplard 2180 Kent Rd. Wyncote, PA 19095 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Self Occupation Land Scape Designer Aggregate Year-to-Date > $ 250.00	12/5/97	250.00
F. Full Name, Mailing Address and ZIP Code William Ewing 510 E. Mount Pleasant Ave. Philadelphia, PA 19119 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Hangley, Connolly Occupation Attorney Aggregate Year-to-Date > $ 1,000.00	11/11/97	1,000.00
G. Full Name, Mailing Address and ZIP Code Kimberly C. Oxholm 622 S. Bowman Avenue Merion Station, PA 19066-1621 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Homemaker Aggregate Year-to-Date > $ 1,000.00	12/4/97	1,000.00

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

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SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (In Full)

Hoeffel for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Neil Oxman 122 Rockland Road Merion, PA 19066 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Self - The Campaign Group Consultant $ 1,000.00	12/1/97	1,000.00
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Barton M. Silverman 1607 Mt. Vernon Circle Gladwyne, PA 19035 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Retired $ 300.00	12/1/97	300.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John A. Affleck 7214 Ardmore Ave. Wyndmoor, PA 19038 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Retired $ 1000.00	12/1/97	500.00
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Theodore S. Tapper, MD 522 Howe St. Merion, PA 19066-1107 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Self Physician $ 1,000.00	11/28/97	1,000.00
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Kenneth B. Weinstein 501 Woodbrook Lane Philadelphia, PA 19119 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Self Restaurant Owner $ 1,000.00	11/26/97	1,000.00
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jeffrey Bruce Gilbert 48 Oakwood Dr. Dresher, PA 19025 Receipt For: ☒ Primary ☒ General ☐ Other (specify):	McKissock + Hoffman Attorney $ 1500.00	11/24/97	1000 P 500 G
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation / Aggregate Year-to-Date**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	$		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

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SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 27 OR 41

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Hoeffel fr. Congress

	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Joanne K. Olszewski 1360 Holstein Ct. Blue Bell, PA 19422 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Lisco's Bar Occupation: Bookkeeper Aggregate Year-to-Date: $ 1,000.00	11/13/97	1,000.00
B. Full Name, Mailing Address and ZIP Code Murray L. Nathan 115 Central Park West New York NY 10023-4153 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Retired Aggregate Year-to-Date: $ 200.00	10/10/97	200.00
C. Full Name, Mailing Address and ZIP Code Morris Gocial Gocial & Company 529 The Pavillion, Suite Jenkintown, PA 19046 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Gocial & Company Occupation: Accountant Aggregate Year-to-Date: $ 1,000.00	11/21/97	1,000.00
D. Full Name, Mailing Address and ZIP Code Noel Farrell Carota 242 Meeting House Lane Merion Station, PA 19066-1244 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Occupation: Bookkeeper Aggregate Year-to-Date: $ 1,050.00	11/21/97	1,000.00
E. Full Name, Mailing Address and ZIP Code Lindsay Stradley Carota 242 Meeting House Lane Merion Station, PA 19066-1244 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Homemaker Aggregate Year-to-Date: $ 1,000.00	11/21/97	1,000.00
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page has line number only)			

FESAH059

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 28 OF 41

FOR LINE NUMBER 11(a)(i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Hoeffel for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William J. Best 3439 Braeburn Dr. Huntingdon Valley PA 19006 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Lockheed Martin Occupation: Engineer Aggregate Year-to-Date > $ 1,000.00	11/7/97	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judith Bardes 5070 Militia Hill Road Plymouth Meeting, PA 19462-1227 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation: Administrator Aggregate Year-to-Date > $ 1,000.00	11/4/97	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Silas + Rose Bolef 200 Lincoln Terrace Norristown, PA 19403-3320 Receipt For: ☐ Primary ☐ General ☒ Other (specify): '96 Debt	Occupation: Retired Aggregate Year-to-Date > $ 500.00	11/6/97	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Phillip Kind + Patricia Kind 1776 Oak Hill Dr. Huntingdon Valley, PA 19006 Receipt For: ☒ Primary ☒ General ☐ Other (specify):	Occupation: Retired Aggregate Year-to-Date > $ 1,100.00	11/19/97	900 P 100 G
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ellis R. Jacobs 129 Sawgrass Dr. Blue Bell, PA 19422 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Self Occupation: Attorney Aggregate Year-to-Date > $ 290.00	11/17/97	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Emily Forester Box # 352 Middletown, CT 06457 Receipt For: ☒ Primary ☒ General ☐ Other (specify):	Occupation: STUDENT Aggregate Year-to-Date > $ 2,000.00	11/7/97	2,000.00

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

FE5AN03®

SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11 (A) (1)

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NAME OF COMMITTEE (In Full)

Hoeffel for Congress

A. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☒ General ☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > $

Date (month, day, year)

Amount of Each Receipt this Period

B. Full Name, Mailing Address and ZIP Code

Andrew A. Chirls
2405 Lombard Street
Philadelphia, PA 19146

Receipt For: ☒ Primary ☐ General ☐ Other (specify):

Name of Employer: Wolf, Block, Schorr and Solis-Cohen, LLP

Occupation: Attorney

Aggregate Year-to-Date > $ 1,000.00

Date (month, day, year): 10/14/97

Amount of Each Receipt this Period: 1,000.00

C. Full Name, Mailing Address and ZIP Code

Michael F. Fink
6 Locust Way
Lafayette Hill, PA 19444

Receipt For: ☒ Primary ☒ General ☐ Other (specify):

Name of Employer: Preferred Real Estate Investments, Inc.

Occupation: Executive

Aggregate Year-to-Date > $ 2,000.00

Date (month, day, year): 10/10/97

Amount of Each Receipt this Period: $2,000.00

D. Full Name, Mailing Address and ZIP Code

Norman Cohn
200 Pine Tree Rd.
Radnor, PA 19087

Receipt For: ☒ Primary ☐ General ☐ Other (specify):

Name of Employer: National Business Services

Occupation: Chairman

Aggregate Year-to-Date > $ 1,000.00

Date (month, day, year): 11/18/97

Amount of Each Receipt this Period: 1,000.00

E. Full Name, Mailing Address and ZIP Code

Susan Cathernood
622 Rose Ln
Bryn Mawr PA 19010

Receipt For: ☒ Primary ☒ General 98 ☐ Other (specify):

Name of Employer

Occupation: Homemaker

Aggregate Year-to-Date > $ 1,100.00

Date (month, day, year): 11/18/97

Amount of Each Receipt this Period: 900 P; 100 G

F. Full Name, Mailing Address and ZIP Code

Dominik A. Cipollini
P.O. Box 202
Cheltenham, PA 19012-0202

Receipt For: ☒ Primary ☐ General ☐ Other (specify):

Name of Employer: Keystone Outdoor Advertising Company, Inc.

Occupation: President

Aggregate Year-to-Date > $ 1,000.00

Date (month, day, year): 11/18/97

Amount of Each Receipt this Period: 1,000.00

G. Full Name, Mailing Address and ZIP Code

Esther Leah Ritz
626 E. Kilbourn Ave.
Milwaukee, WI 53202

Receipt For: ☒ Primary ☐ General ☐ Other (specify):

Name of Employer

Occupation: Homemaker

Aggregate Year-to-Date > $ 250.00

Date (month, day, year): 11/18/97

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

FE5AN059

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Hoeffel for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
EARL BRADFORD 515 S. Flower Street #4087 Los Angeles, CA 90071 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	ARCO Consultant Aggregate Year-to-Date > $ 250	12/31/97	250.00
B. Full Name, Mailing Address and ZIP Code Above entry conduit ARCO PAC 515 S. Flower Street #4087 Los Angeles, CA 90071 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date > $ 250	12/31/97	250-memo Total from conduit 250
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

FE5AN069

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Hoeffel for Congress

A. Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Committee 430 South Capitol St. WDC 20003 Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer: Research Materials Occupation Aggregate Year-to-Date > $ 500.00	Date (month, day, year): 12/10/97	Amount of Each Receipt this Period: 500.00 in-Kind
B. Full Name, Mailing Address and ZIP Code Wolf Block Schorr and Solis-Cohen LLP 12th FL - Packard Bldg 15th & Chestnut STREETS PHILADELPHIA PA 19102 Jaime Lake Receipt For: ☑ Primary ☐ General ☐ Other (specify):	Name of Employer: Telephone Telecopy Occupation Aggregate Year-to-Date > $ 253.74	Date (month, day, year): 10/30/97	Amount of Each Receipt this Period: 253.74 in-Kind
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			

FEC FORM 3P

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Hoeffel for Congress

A. Full Name, Mailing Address and ZIP Code National Jewish Democratic Council Political Action Committee 503 Capitol Court, NE Suite 300 Washington, DC 20002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Response Data Services Occupation: Laser Services Aggregate Year-to-Date: $ 165.38	Date (month, day, year): 10/1/97	Amount of Each Receipt this Period: 165.38 in-kind
B. Full Name, Mailing Address and ZIP Code National Jewish Democratic Council Political Action Committee 503 Capitol Court, NE Suite 300 Washington, DC 20002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Doyle Printing Occupation: Printing Costs Aggregate Year-to-Date: $ 771.40	Date (month, day, year): 10/1/97	Amount of Each Receipt this Period: 552.02 in-kind
C. Full Name, Mailing Address and ZIP Code National Jewish Democratic Council PAC 503 Capitol Court, NE, Suite 300 Washington DC 20002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Doyle Printing Occupation: Printing Costs Aggregate Year-to-Date: $ 802	Date (month, day, year): 10/8/97	Amount of Each Receipt this Period: 84.60 in-kind
D. Full Name, Mailing Address and ZIP Code National Jewish Democratic Council PAC 503 Capitol Court NE - Ste 300 Washington DC 20002- Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Direct Mail Management Occupation: Postage + Mailing Services Aggregate Year-to-Date: $ 930.27	Date (month, day, year): 10/8/97	Amount of Each Receipt this Period: 128.27 in-kind
E. Full Name, Mailing Address and ZIP Code NJDC - PAC 503 Capitol Court Washington, DC 20002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: David Fellman Occupation: Copy writing fee Aggregate Year-to-Date: $ 1180.27	Date (month, day, year): 9/8/97	Amount of Each Receipt this Period: 250.00 in-kind
F. Full Name, Mailing Address and ZIP Code NJDC PAC 503 Capitol Court Washington DC 20002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Direct Mail Management Occupation: Postage + Mailing Services Aggregate Year-to-Date: $ 1380.27	Date (month, day, year): 9/8/97	Amount of Each Receipt this Period: 200.00 in-kind
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date: $	Date (month, day, year):	Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) 99834.01

FESAN03B

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Hoeffel for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mesirov Federal Fund Mesirov, Gelman, Jaffe, Cramer & Jamison 1735 Market Street, 33rd Floor Philadelphia, PA 19103		12/22/97	1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,750.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Race Street PAC 230 Wyoming Avenue Kingston PA 18704		12/9/97	1,000.00
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	2000.00

FE5AN058

FEC

SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 15

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NAME OF COMMITTEE (in Full)

HOEFFEL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code

Jefferson Bank
401 City Avenue
Bala Cynwyd PA 19004

Name of Employer: INTEREST

Occupation

Date (month, day, year)

Amount of Each Receipt this Period: 86.83

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Aggregate Year-to-Date > $

B. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Aggregate Year-to-Date > $

C. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Aggregate Year-to-Date > $

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Aggregate Year-to-Date > $

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Aggregate Year-to-Date > $

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Aggregate Year-to-Date > $

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Aggregate Year-to-Date > $

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) 86.83

FE6AN1dd

SCHEDULE B — ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

HOEFFEL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BELL ATLANTIC PO BOX 8565 PHILA PA	TELEPHONE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/8/97	1050.00 225.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PHILADELPHIA VICTORY FUND 430 S. CAPITOL STREET WASHINGTON DC 20002	EVENT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/10/97	1000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMCAST METROPHONE 480 E. SWEDESFORD RD WAYNE, PA 19087	TELEPHONE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/13/97	132.21
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KENNEDY PRINTING CO. 384 Baltimore Avenue PHILADELPHIA PA	PRINTING Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/13/97	2000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KENNEDY PRINTING Co 384 Baltimore Avenue PHILADELPHIA PA	PRINTING Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/25/97	1287.21
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LINDA AUGUST & ASSOCIATES 1 PRESIDENTIAL BLVD BALA CYNWYD PA 19004	CONSULTING Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/26/97	5000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ABBE MILSTEIN 205 FAIRFIELD DR. WALLINGFORD, PA 19085	CONSULTING Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/26/97	2500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
STAPLES LANCASTER AVE BRYN MAWR PA	OFFICE SUPPLIES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/26/97	30.19
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ABBE MILSTEIN 205 FAIFIELD DR WALLINGFORD, PA 19085	OFFICE SUPPLIES - REIMBURSEMENT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11/26/97	647.58

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

FE5AN144

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

HOEFFEL FOR CONGRESS

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code POSTMASTER NORRISTOWN, PA	POSTAGE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/2/97	320.00
B. Full Name, Mailing Address and ZIP Code STAPLES Lancaster Ave Bryn Mawr, PA	OFFICE SUPPLIES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/2/97	52.99
C. Full Name, Mailing Address and ZIP Code POSTMASTER NORRISTOWN, PA	POSTAGE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/2/97	224.00
D. Full Name, Mailing Address and ZIP Code BELL ATLANTIC PO BOX 8585 PHILA. PA.	TELEPHONE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/11/97	130.57
E. Full Name, Mailing Address and ZIP Code COMCAST METROPHONE 480 E. SWEDES FORD Rd WAYNE, PA 19087	TELEPHONE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/11/97	121.66
F. Full Name, Mailing Address and ZIP Code J. SCOTT CATERING BLUEBELL PA 19422	EVENT CATERING Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/12/97	1475.26
G. Full Name, Mailing Address and ZIP Code DOMEKER FOR TAX COLLECTOR CHELTENHAM, PA	EVENT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/18/97	50.00
H. Full Name, Mailing Address and ZIP Code DEANGELIS FOR MAYOR 402 W. AIRY NORRISTOWN, PA	EVENT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/18/97	50.00
I. Full Name, Mailing Address and ZIP Code MCDC 24 W. AIRY NORRISTOWN, PA	EVENT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/18/97	500.00

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

HOEFFEL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MCDC 24 W. AIRY NORRISTOWN PA	EVENT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/18/97	205.00
B. Full Name, Mailing Address and ZIP Code Committee to Elect Connie Williams P.O. Box 21 Haverford PA	Purpose of Disbursement EVENT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/9/97	Amount of Each Disbursement This Period 150.00
C. Full Name, Mailing Address and ZIP Code AFL-CIO Union Council 3031 Walton Road NORRISTOWN PA	Purpose of Disbursement AD/event Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/24/97	Amount of Each Disbursement This Period 225.00
D. Full Name, Mailing Address and ZIP Code Jefferson Bank 401 CITY LINE AVE. Bala Cynwyd, PA 19004	Purpose of Disbursement Bank Charges Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11/30/97	Amount of Each Disbursement This Period 158.14
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

FE6AN144

SCHEDULE B — ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

HOEFFEL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DCCC 430 S. CAPITOL ST. WASHINGTON DC 20003	Research Materials Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/10/97	600.00 in-kind
B. Full Name, Mailing Address and ZIP Code Wolf Block Schorr and Solis-Cohen 12th FL - PACKARD BLDG 15th and CHESTNUT STS. PHILA PA STAINE LAKE	Purpose of Disbursement Telephone/Telecopy Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/30/97	Amount of Each Disbursement This Period 253.74 in-Kind
C. Full Name, Mailing Address and ZIP Code NJDC PAC 503 Capitol Court NE STE 300 WASHINGTON DC 20002	Purpose of Disbursement PRINTING Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/1/97	Amount of Each Disbursement This Period 552.02 in Kin 84.60 in-Kind
D. Full Name, Mailing Address and ZIP Code NJDC PAC 503 capitol court NE Ste 300 Washington DC 20002	Purpose of Disbursement POSTAGE/MAILING Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/8/97 9/8/97	Amount of Each Disbursement This Period 128.27 in-kir 200.00 in Kind
E. Full Name, Mailing Address and ZIP Code NJDC PAC 503 capitol Court NE Ste 300 WASHINGTON DC 20002	Purpose of Disbursement Copywriting fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 9/8/97	Amount of Each Disbursement This Period 250.00 in-Kind
F. Full Name, Mailing Address and ZIP Code NJDC PAC 503 Capitol Court Washington DC 20002	Purpose of Disbursement Laser Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/1/97	Amount of Each Disbursement This Period 165.38 in-Kind
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) 1966.79

FE6AN144

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 20@

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NAME OF COMMITTEE (In Full)

HOEFFEL FOR CONGRESS

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code PETER L BUTTENWIESER 8325 ST. MARTINS LANE PHILADELPHIA PA	REFUND Disbursement for: [X] Primary [✓] General [ ] Other (specify)	1/20/97	2000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			2000.00
TOTAL This Period (last page this line number only)			

FE6AN1e4

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 20(b)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HOEFFEL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code RACE STREET PAC 230 WYOMING AVENUE KINGSTON PA 18704	Purpose of Disbursement REFUND Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/13/97	Amount of Each Disbursement This Period 1000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	3000.00

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SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (In Full) HOEFFEL FOR CONGRESS	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Kennedy Printing 2 Bar Baltimore Ave Philadelphia, PA	6060 58	1287.21	3287.21	6060.58
Nature of Debt (Purpose): PRINTING				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				6060.58
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was recived.

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Y Araya — PREPARER

2/3/98 — DATE PREPARED

(7/97)