

Commonwealth of Pennsylvania
Campaign Finance Statement



File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER: 2018C0157		REPORT FILED ON BEHALF OF: Candidate	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST		HOHENSTEIN, JOSEPH C	
STREET ADDRESS 1117 WAKELING ST			
CITY PHILADELPHIA	STATE PA	ZIP CODE	19124
TYPE OF REPORT 2nd Friday Pre-Primary			
NAME OF OFFICE SOUGHT BY CANDIDATE		REPRESENTATIVE IN THE GENERAL ASSEMBLY	
DISTRICT CODE 177th Legislative District	PARTY CODE		DEM
DATE OF ELECTION 11/6/2018			
DATES OF REPORTING PERIOD 1/1/2018 TO		4/30/2018	
AMENDMENT REPORT? NO	TERMINATION REPORT? NO		
CASH BALANCE AT THE END OF REPORTING PERIOD: 0.00			
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: 0.00			

COUNTY BD. OF ELECTIONS
 For Office Use Only
 MAY - 4 P 3: 21
 COUNTY COMMISSIONERS

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidate's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

*Commonwealth of PA, ss
 County of Phila*

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 4th day of May 20 18

Maureen Elizabeth Kershaw
 SIGNATURE
 08 31 2020
 COMMISSION EXPIRES MO. DAY YR.
 Commission No 1084464

Joseph C. Hohenstein
 SIGNATURE OF PERSON SUBMITTING REPORT
 PRINTED NAME
 215-280-8063
 AREA CODE DAYTIME TELEPHONE NUMBER

MAUREEN ELIZABETH KERSHAW, Notary Public
 City of Philadelphia, Philadelphia County
 My Commission Expires Aug. 31, 2020
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ day of _____ 20 _____

 SIGNATURE

 PRINTED NAME

COMMISSION EXPIRES MO. DAY YR. _____

 AREA CODE DAYTIME TELEPHONE NUMBER