### CAMPAIGN FINANCE REPORT

PAGE 1 OF COVER PAGE)

Filer Identificatio Number:	n		Report Filed By	<i>a</i>	CANDIDATE	<b>\</b>	СОММ	ITTEE	2.	LOBBY	ST 3.
Name of Filing Comm	nittee, Candidate or I	obbyist:	1		S No.	1/31	1000				
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city:	Demo	W. T. W. W. W. W.	0.15		State;		Zip Coo	8/0       	3-		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		RIMARY		DAY OST PRIMARY	X	AMENDA REPORT?	-	YES	N	0
(place X to the right of	6TH TUESDAY PRE-ELECTION		ECTION		DAY OST ELECTION	6.	TERMINA REPORT?		YES	N	o 1
report type)	ANNUAL REPORT	7. YEAR	2019		NG METHOD CHECK ONE		PAPE	R		DISKET	ΓE
Name of Office Soug	ht by Candidate:	nul		м	OATE OF ELECT	AR	District Number		STRUC	Party Code CODE	
Summary of R and Expenditur	eceipts es from:	MO. DAY	YEAR	то (	0. DAY YE.		F	OR OF	ICE L	JSE ONL	Y
A. Amount Brought	Forward From La	st Report	\$								
B. Total Monetary	Contributions and	Receipts (From S	chedule I) \$		0 -						
C. Total Funds Ava	ilable (Sum of Lin	es A and B)	ş		0 -						
D. Total Expenditur	es (From Schedule	e (ii)	\$		0 -						
E. Ending Cash Bala	ance (Subtract Line	D from Line C)	\$	-	0 -	$\neg$					
F. Value of In-Kin	d Contributions Re	ceived (From Sch	hedule II) \$		0 -						
G. Unpaid Debts an	d Obligations (From	n Schedule IV)	\$		0 -	_					
			AFFIDAVIT	SECTIO	N					#= 50 West	All Control
PART I - If this is			n here. If t	his is a	Candidate repo						
I swear (or affirm) the correct and complete.	at this report, includ	ng the attached sch	nedules, on pap	er or com	puter diskette, er	e to the	best of	my knov	vledge	and belie	f true,
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day of			20		Signat			h ' ' -			
					Signat	ule of f	erson Su	omitting	Hepor	t	8
My commission expi	Signature					Pri	inted Nam	ie			
	MO.	DAY YR.	— J		Area Code	8 .	Da	ytime Te	elephor	ne Number	
PART II - If this is	a report of a Ca	andidate's Author	tized Commi		didas aball ala	l essa			U V X		
I swear (or affirm) tha (P.L. 1333, No. 320) as	t to the best of my amended.	knowledge and beli Commonweal	ef this politica	l committ	ee has not violat	n nere,	pravision	s of the	Act o	f June 3,	1937
d subscription of the commonwealth of Pann Notary For Lehgin double SAugus Commission expires Augus Commission expires Au	Jine Signatura Signatura Moy	/ . \	20_19	( <u>k</u> )	Josey TOS) ASA	Signatur SOLA Pri	e of Cand	êG-(	ffri GEV 65	nan 1919N 17	<u> </u>
No No No nbe		10.			Area Code		Day	time Te	lephon	e Number	
ylvania - I Notary P Ounty ounty as Augus mber 128	Department	of State   B	ureau of Co	mmissio:	ns, Elections a	nd Lec	islation				

### SCHEDULE I

PAGE 2 OF 12

### CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page			
Name of Filing Committee or Candidate	Reporting Per		
Tire Hoffman.	From S· 7	-2019	P105-10-0) OT
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBUTO	
TOTAL for the Reporting Period	(1)	\$	-6"
2. CONTRIBUTIONS \$50,01 TO \$250.00 (FROM PART A AND PART I	B)	2004	
Contributions Received from Political Committees (Part A)		\$	_0-
All Other Contributions (Part B)		\$	0-
TOTAL for the Reporting Period	(2)	\$	_0 -
		*	
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)			
Contributions Received from Political Committees (Part C)		\$	0 -
All Other Contributions (Part D)		\$	0 -
TOTAL for the Reporting Period	(3)	\$	0 -
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CH	ECKS, ETC	(FROM	PART E)
TOTAL for the Reporting Period	(4)	\$	0-
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report		\$	

Cover Page, Item B.)

Reporting Period

#### PART A

### CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate

The Hoffma		From <u>S-7-2019</u> to <u>6-10-2019</u>				
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	6
Mailing Address			140	DAY	MEAR	\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address						\$
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		=	N.O.	- DO!	TEAN	\$
Full Name of Contributing Committee	*****************************		MO.	DAY	YEAR	
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Mailing Address			MO.	DAY	YEAR	\$
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						\$
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Enter Grand Total of Part A on Sched	uie I,	Detailed Summary	y Page,	Section	າ 2.	\$ _(;-
EB-502 (7-99)					- 1	

## ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

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

Full Name of Contributor	Mo.   DAY   YEAR   S   S   YEAR   S   S   S   S   S   S   S   S   S	Jul Hotel	men			From 2	275	P1-01-00T
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	nter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.							PAGE TOTAL

#### PART C

PAGE 5 OF 15

## CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Doc Haffman			1	Reporting From	5-7-1	P101-2 ot P
, LAC IMILIAN				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
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City	State	2 1 2 1 1 2 1				\$
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## ALL OTHER CONTRIBUTIONS

PAGE OF 12

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate							
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Enter Grand Total of Port D on Cabad	4.4.	D : 11 1 0	_		_	PAGE TOTAL	

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

DSEB-502 (7-99)

Reporting Period

## PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate

DSEB-502 (7-99)

Tre Yostman				From <u>S</u>	-7-19	P( -01-0) OT
Full Name						
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Mailing Address						
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City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
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Full Name						A CONTRACTOR OF THE CONTRACTOR
Mailing Address						
City	State	Zip Code (Plus 4) M	MO.	DAY	YEAR	Amount \$
Receipt Description	11					<del>*</del>
			_			PAGE TOTAL
Enter Grand Total of Part E on Sche	dule i,	Detailed Summary Pa	age, S	ection	4.	<b>\$</b> () -

#### SCHEDULE II

PAGE S OF S

## IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

**Detailed Summary Page** 

Name of Filing Committee or Candidate	6		
July 40 ffmar	Reporting Per		То 6-10-19
TAIL TO TAMES			
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S	50.00 OR I	ESS PE	R CONTRIBUTOR
TOTAL for the Reporting Perio			-0 -
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$29	50.00 (FROM	PART	F)
TOTAL for the Reporting Period	d (2)	\$	~O -
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART G	2 8 2	
TOTAL for the Reporting Period	d (3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)		\$	-0-

PAGE 9 OF 18

#### SCHEDULE II PART F

## IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	5	Reporting Period				
Due gottuer	_			From	3-7-1	P TO 6-10-19
ull Name of Contributor				DATE		AMOUNT
STATE OF CONTROLLO			MO.	DAY	YEAR	\$
ailing Address			MO.	DAY	YEAR	<u> </u>
Ity						\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
escription of Contribution:						
II Name of Consultation						
II Name of Contributor			MO.	DAY	YEAR	\$
ailing Address		=	MO	DAY	VSAS	3
			MO.	DAY	YEAR	\$
ty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
escription of Contribution:						\$
San Priority Control of the Control						
I Name of Contributor	FE 1 31 V F		Mo.	DAY	YEAR	
					1	\$
ailing Address			MO.	DAY	YEAR	
ty	State	Zip Code (Plus 4)				\$
	State		MO.	- DAY	YEAR	\$
scription of Contribution:			1			
I Name of Contributor						
or contributor			MO.	DAY	YEAR	\$
iling Address			MO.	DAY	YEAR	
					12/31	\$
Y .	State	Zip Code (Plus 4)	MO.	DAY	YEAR	<b>A</b>
scription of Contribution:						\$
Submitted Decimination and Artificial Residence of Contract of Con						
Name of Contributor			MO.	DAY	YEAR	
iling Address						\$
			MO.	DAY	YEAR	\$
У	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	
		=			TERM	\$
scription of Contribution:						
Name of Contributor			7	11 (24 1) 69	N - 11 - 17 / 24	
			MO.	DAY	YEAR	\$
ling Address			Mo.	DAY	YEAR	
						\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
cription of Contribution:		=======================================				Ψ
er Grand Total of Dart E						PAGE TOTAL
er Grand Total of Part F on Schommary Page, Section 2.	eaule II,	In-Kind Contributi	ions Det	ailed		William Albandanaga
ımmary Page, Section 2.	·				i	\$ -6-

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate			ĪF	Reporting	Pariod		
- July Hoffman				Eram	50	P-01-0 ot -P	
MIT HOTTING		*			5-1-	10 10 11	
For home of Alexandra			- 20 = 5 B	DAT⊆		AMOUNT	
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR		
			IVIC.	Dr.	1500	\$	
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR		
		-				\$	
Employer of Contributor			Occupati	ion	L		
Employer Mailing Address/Principal Place of Business			Descripti	ion of Con	tribution		
Full Name of Contributor			MO.	DAY	YEAR	1 .	
Mailing Address						\$	
Maring Address			MO.	DAY	YEAR	\$	
City	Totale	To Code (Dive 4)	<b></b>			Ψ	
on,	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor	سل		Occupation	20		L*	
COROL MARKET RECOGNISHED			0000	011			
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution		
				<b></b>	171000		
Full Name of Contributor			I Mo. I	DAY	YEAR		
Tall Hallo C. SSINISSIS.		125	m.s.	Un.	TEAN	\$	
Mailing Address			MQ.	DAY	YEAR		
				-		\$	
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR		
		70 <del>-0</del> 2				\$	
Employer of Contributor			Occupation	on			
Employer Mailing Address/Principal Place of Business			Description	on of Con	tribution		
Full Name of Contributor			MO.	DAY	YEAR		
Mailing Address						\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	7:- Codo (Diue 4)	4	7114		J.	
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupatio	<u></u>			
			0000,	191			
Employer Mailing Address/Principal Place of Business			Description	on of Cont	ribution		
5 140				/// Wi Ca	Tibutie		
Full Name of Contributor	Str.		Mo.	DAY	YEAR		
			1110		TEAL.	\$	
Mailing Address			Mo.	DAY	YEAR		
						\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•	
Employer of Contributor	1					\$	
Employer of Contributor Occi				n		== 10	
Employer Mailing Address/Principal Place of Business Descri							
Employer Mailing Address/Principal Place of Business Desc			Descriptio	Description of Contribution			
					-11 -12		
Enter Grand Total of Part G on Sched	المليط	In-Vind Contribut	' D-	4 - 11 - 3		PAGE TOTAL	
Summary Page, Section 3.	uie ii,	in-kind Contributi	IONS De	tailea	1	• 0-	

DSEB-502 (7-99)

### SCHEDULE III

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate		F	eporting	Period		
Ju Hoffman			1	From	9.10	+ TO 6-10 19
MIII WILLIAM						
To Whom Paid		- Taria - History (2013)		-	-	
TO WHISHIP DIS			MO.	DAY	YEAR	Amount
Mailing Address			Descripti	on of Exp	anditura	\$
			Doctor ipti	011 01 EAP	onortal a	
City	State	Zip Code (Plus 4)	-			
		-	1			
To Whom Paid	M-1,= 130	#	ļu	_	Y	
			MO.	DAY	YEAR	Amount
Mailing Address			Descripti	on of Exp	enditure	\$
				0.1 0. EAP	0.110.0	
City	State	Zip Code (Plus 4)	h			
		-				
To Whom Paid	L	*****	MO	DAY	Lycun	Amount
			MO.	DAY	YEAR:	\$
Mailing Address			Descripti	on of Exp	 enditure	3
			1	<b>F</b>	_	
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid			MO.	DAY	YEAR	Amount
					TEAN	\$
Mailing Address			Descripti	on of Exp	enditure	
			1			
City	State	Zip Code (Plus 4)				
		~				
To Whom Paid			Mo:	DAY	YEAR	Amount
						\$
Mailing Address			Description	on of Expe	enditure	
City						
Only	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address						\$
Walling Address			Description	on of Expe	enditure	
City	Casas I	Zip Code (Plus 4)				
	State	ZIP Code (Plus 4)				
To Whom Paid						
TO WILDIN PAID			MO.	DAY	YEAR	Amount
Mailing Address						\$
			Description	n of Expe	inditure :	
City	State	Zip Code (Plus 4)				
	State	Zip Code (Flas 4)				
To Whom Paid					- 11 / 12 - 7	
The second of SIM			MO.	DAY	YE AR	Amount
Mailing Address			Descript:	n of E	nditur	\$
			Description	… oi Exbe	narture	
City	State	Zip Code (Plus 4)				
		=				1
	No. 10 10 10					
Enter Grand Total of Francisco				_		PAGE TOTAL
Enter Grand Total of Expenditures on Pag	e 1, R	leport Cover Pa	ge, Ite	m D.		\$ 1 -

## STATEMENT OF UNPAID DEBTS

Use this Section to Itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate	Period				
Dia Nottman			From S	5.7-1	11-01.5 ot P
				1000	
Name of Creditor					Outstanding Balance of Da
Mailing Address	DATE	1-110	1 500		\$
	DEBT	MO.	DAY	YEAR	
City	10.00 Common control more con-	State	Zip Code	(Plus 4)	
Description of Debt			2		
M 50 Socialista					
Name of Creditor					Outstanding Balance of De
Mailing Address					\$
Willing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED				
		State	Zip Code —	(Plus 4)	
Description of Debt					
Name of Creditor		100		= 140774	Outstanding Balance of De
Mailing Address	T.,				\$
100 000	DATE DEBT	Mo.	DAY	YEAR	
Dity	INCURRED		7:: 0::40	4)	
		State	Zip Code	(Plus 4)	
Description of Debt					11 31 - 102 - 3076 AC 35
lame of Creditor					Outstanding Balance of De
Mailing Address	12.75				\$
	DATE DEBT	MO.	DAY	YEAR	
Sity	INCURRED	State	Zip Code	IDIne 4)	
The same of the sa			=	Flue -,	
Description of Debt					
Mon-Mostal C					
ame of Creditor					Outstanding Balance of De
lailing Address	DATE	7	1		\$
	DEBT	MO.	DAY	YEAR	
ity	INCURRED	State	Zip Code (	Plus 4)	
From the second			144		
escription of Debt					Control of the contro
ame of Creditor			- 100	1011	
and the second s					Outstanding Balance of De
ailing Address	DATE	1 40			\$
	DEBT	Mo.	DAY	YEAR	
ty	INCURRED	State	Zip Code (F	Plus 4)	
escription of Debt			<b>元</b> :		
scription of Debt					The Burk of the Supplement
					PAGE TOTAL
nter Grand Total of Unpaid Debts on Pag	ge 1, Report Cover	Page, Ita	em G.	- 1	\$ 0-
		-		1	