

Commonwealth of Pennsylvania  
**CAMPAIGN FINANCE REPORT**

PAGE 1 OF 12  
(COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

<b>Filer Identification Number:</b>		<b>Report Filed By:</b>		CANDIDATE <input checked="" type="checkbox"/>		COMMITTEE <input type="checkbox"/>		LOBBYIST <input type="checkbox"/>											
Name of Filing Committee, Candidate or Lobbyist: <u>Joe Hoffman</u>																			
Street Address: <u>261 St. John St. Apt 2</u>																			
City: <u>Allentown</u>					State: <u>PA</u>		Zip Code: <u>18103</u>												
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY		1.		2ND FRIDAY PRE-PRIMARY		2.		30 DAY POST PRIMARY		3.		AMENDMENT REPORT?		YES		NO		
	6TH TUESDAY PRE-ELECTION		4.		2ND FRIDAY PRE-ELECTION		5. <input checked="" type="checkbox"/>		30 DAY POST ELECTION		6.		TERMINATION REPORT?		YES		NO		
	ANNUAL REPORT		7.		YEAR		<u>2019</u>		FILING METHOD ( ) CHECK ONE		PAPER		DISKETTE						
Name of Office Sought by Candidate: <u>City Council</u>					DATE OF ELECTION					District Number		Office Code		Party Code		County Code			
					MO. DAY YEAR <u>11 5 2019</u>							<u>OTH</u>		<u>REP</u>		<u>39</u>			
																(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>										MO. DAY YEAR			MO. DAY YEAR			<b>FOR OFFICE USE ONLY</b>			
										<u>6 11 2019</u>			<u>To 10 21 2019</u>						
A. Amount Brought Forward From Last Report										\$			<u>-0-</u>						
B. Total Monetary Contributions and Receipts (From Schedule I)										\$			<u>-0-</u>						
C. Total Funds Available (Sum of Lines A and B)										\$			<u>-0-</u>						
D. Total Expenditures (From Schedule III)										\$			<u>-0-</u>						
E. Ending Cash Balance (Subtract Line D from Line C)										\$			<u>-0-</u>						
F. Value of In-Kind Contributions Received (From Schedule II)										\$			<u>-0-</u>						
G. Unpaid Debts and Obligations (From Schedule IV)										\$			<u>-0-</u>						

**AFFIDAVIT SECTION**

**PART I -** If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature

My commission expires MO. DAY YR.

Signature of Person Submitting Report

Printed Name

Area Code

Daytime Telephone Number

**PART II** If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (13 P.S. § 320) as amended.

Commonwealth of Pennsylvania

County of Lehigh

day of October 2019

Signature

My commission expires MO. DAY YR. 08 20 2022

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

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

Member, Pennsylvania Association of Notaries  
My commission expires August 120, 2022  
Commission number 1255275

**CONTRIBUTIONS AND RECEIPTS****Detailed Summary Page**

Name of Filing Committee or Candidate <u>Joe Hoffman</u>	Reporting Period From <u>6-11-2019</u> To <u>10-21-2019</u>
---	--

<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ <u>-0-</u>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ <u>-0-</u>
All Other Contributions (Part B)	\$ <u>-0-</u>
TOTAL for the Reporting Period (2)	\$ <u>-0-</u>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ <u>-0-</u>
All Other Contributions (Part D)	\$ <u>-0-</u>
TOTAL for the Reporting Period (3)	\$ <u>-0-</u>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
TOTAL for the Reporting Period (4)	\$ <u>-0-</u>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ <u>-0-</u>
--	---------------

## 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 <u>Joe Hoffman</u>	Reporting Period From <u>6-11-2019</u> To <u>10-21-2019</u>
---	--

			DATE			AMOUNT
			MO.	DAY	YEAR	
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
						\$
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
						\$
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
						\$
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
						\$
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
						\$
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
						\$
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
						\$
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
						\$
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
						\$
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
						\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL

\$ 0

**PART B**  
**ALL OTHER CONTRIBUTIONS**

PAGE 1 OF 12

**\$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.)

Name of Filing Committee or Candidate <u>Sue Hoffman</u>	Reporting Period From <u>6-1-2019</u> To <u>10-21-2019</u>
---	---

			DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR			
Mailing Address	MO.	DAY	YEAR			
City	MO.	DAY	YEAR			
State						
Zip Code (Plus 4)						
Full Name of Contributor	MO.	DAY	YEAR			
Mailing Address	MO.	DAY	YEAR			
City	MO.	DAY	YEAR			
State						
Zip Code (Plus 4)						
Full Name of Contributor	MO.	DAY	YEAR			
Mailing Address	MO.	DAY	YEAR			
City	MO.	DAY	YEAR			
State						
Zip Code (Plus 4)						
Full Name of Contributor	MO.	DAY	YEAR			
Mailing Address	MO.	DAY	YEAR			
City	MO.	DAY	YEAR			
State						
Zip Code (Plus 4)						
Full Name of Contributor	MO.	DAY	YEAR			
Mailing Address	MO.	DAY	YEAR			
City	MO.	DAY	YEAR			
State						
Zip Code (Plus 4)						
Full Name of Contributor	MO.	DAY	YEAR			
Mailing Address	MO.	DAY	YEAR			
City	MO.	DAY	YEAR			
State						
Zip Code (Plus 4)						
Full Name of Contributor	MO.	DAY	YEAR			
Mailing Address	MO.	DAY	YEAR			
City	MO.	DAY	YEAR			
State						
Zip Code (Plus 4)						
Full Name of Contributor	MO.	DAY	YEAR			
Mailing Address	MO.	DAY	YEAR			
City	MO.	DAY	YEAR			
State						
Zip Code (Plus 4)						
Full Name of Contributor	MO.	DAY	YEAR			
Mailing Address	MO.	DAY	YEAR			
City	MO.	DAY	YEAR			
State						
Zip Code (Plus 4)						

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$ <u>0</u>
---------------------------

## PART C

# 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.

Name of Filing Committee or Candidate <i>Joe Hoffman</i>	Reporting Period From <i>6-1-2019</i> To <i>10-1-2019</i>
---	--

			DATE			AMOUNT
			MO.	DAY	YEAR	\$
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$
Full Name of Contributing Committee						\$
Mailing Address						\$
City	State	Zip Code (Plus 4)				\$

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

PAGE TOTAL

\$ 0

**PART D**  
**ALL OTHER CONTRIBUTIONS**

PAGE 6 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 <i>Joe Hoffman</i>	Reporting Period From <i>6-11-2019</i> To <i>10-21-2019</i>
---	--

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

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

**PAGE TOTAL**

**\$** *-0-*

**PART E**  
**OTHER RECEIPTS**

PAGE 7 OF 12

**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 <u>Joe Hoffman</u>	Reporting Period From <u>6-11-2019</u> To <u>10-21-2019</u>
---	--

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						

**Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.**

**PAGE TOTAL**

**\$ - 5 -**

**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 <u>Joe Hoffman</u>	Reporting Period From <u>6-11-2019</u> To <u>10-21-2019</u>
---	--

<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ <u>0 -</u>

<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>	
TOTAL for the Reporting Period (2)	\$ <u>0 -</u>

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>	
TOTAL for the Reporting Period (3)	\$ <u>0 -</u>

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ <u>0 -</u>
---	---------------



SCHEDULE II  
PART F  
**IN-KIND CONTRIBUTIONS RECEIVED**

PAGE 9 OF 12

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <u>Joe Hoffman</u>	Reporting Period From <u>6-11-2019</u> To <u>10-21-2019</u>
---	--

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL  
\$ 0

SCHEDULE II  
PART G  
**IN-KIND CONTRIBUTIONS RECEIVED**  
VALUE OVER \$250.00

PAGE 10 OF 12

Name of Filing Committee or Candidate <i>Joe Hoffman</i>	Reporting Period From <i>6-11-2019</i> To <i>10-21-2019</i>
---	--

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL

\$ *---*

**SCHEDULE III**  
**STATEMENT OF EXPENDITURES**

PAGE 11 OF 12

Name of Filing Committee or Candidate <u>Sue Hoffmann</u>	Reporting Period From <u>6-11-2019</u> To <u>10-21-2019</u>
--	--

To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL  
\$ 20

## SCHEDULE IV

## 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 <i>Joe Hoffman</i>	Reporting Period From <i>6/1/2019</i> To <i>10/21/2019</i>
---	---

Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						
Name of Creditor					Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL

\$