CAMPAIGN FINANCE REPORT

PAGE 1 OF /Q (COVER PAGE)

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

Filer Identification	UIVING CONTRACTOR OF THE CONTR	must be clear an	Report Filed By:		CANDIDATE	X	сомм		2.	LOBE	YIST 3.
Name of Filing Comm	nittee, Candidate or Lo	oftmox				V			1		
Street Address:	<>> -	510	1	7.	C +						
city: Alle	ntown	JUD!		K	State:		Zip Coc	8 10	3-		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. 2ND FRID PRE-PRIM	D 2011 B III X-1	CO255-3	DAY OST PRIMARY	3.	AMENDA REPORT?	11000000	YES		NO
(place X to	8TH TUESDAY PRE-ELECTION	4. 2ND FRID PRE-ELEC	B 46		DAY ST ELECTION	6.	TERMINA REPORT?		YES		NO
the right of report type)	ANNUAL REPORT	7. YEAR			NG METHOD CHECK ONE		PAPE	R	X	DISKE	TIE
Name of Office Sough		uncil		-	DATE OF ELECTION O	EAR ON	District Number	Office Code	R	Party Code ER	County Code FOR CODE
Summary of Reand Expenditure	eceipts es from:	MO. DAY Y	EAR TO		O. DAY Y	EAR	nd or F	OR OF		000	VLY Z
A. Amount Brought	: Forward From Las	t Report	\$		0.5) 	MAY	
B. Total Monetary	Contributions and R	eceipts (From Sch	edule I) \$		0 =			<u> </u>		8-	CEIVED
C. Total Funds Ava	ilable (Sum of Line:	s A and B)	\$					T)	***	P	
D. Total Expenditur	es (From Schedule	III)	\$		- (1)					ι; ₂	TT
E. Ending Cash Bala	ance (Subtract Line	D from Line C)	ş		- 0 =			AIR	R	9	No., and
F. Value of In-Kind	d Contributions Rec	eived (From Sched	lule II) \$		-0 =						
G. Unpaid Debts an	d Obligations (From	Schedule IV)	\$		_0-						
PART : - If this is	a Committee repo	ort, treasurer sign	AFFIDAVIT SI here. If this	ECTIO	N Candidate rep	ort, ca	ndidate s	ign her	e.		
I swear (or affirm) the	at this report, includin	g the attached sched	ules, on paper (or com	puter diskette, s					and be	lief true,
Sworn to and subscri	bed before me this	Commonwealth	of Pennsyl	vanı	a						
day of	(County of				ature of	Person Su	bmitting	Repor	t	
= + + + + + + + + + + + + + + + + + + +	Signature		— }			Р	rinted Nam	ne			
My commission expi	MO.	DAY YR.	– J		Area Code	-	Da	ytime T	elephoi	ne Numb	per
ART U If this is	s a report of a Car	didate's Authorize	ed Committee	e, car	ididate shall ei	on her					
l swear (or affirm) tha (P.L. 1333, No. 320) as	nt to the best of my k amended.		this political c	ommit	tee has not viol			s of the	Act o	of June	3, 1937
day of da	MA (Signature)	County of 20	Cehigh	- 4	Jusep TOSEP, 121	Signati	ure of Can	KA	lm m	an IN)
Zy	MO.	DAY YR.	<u> </u>		Area Code	-	_ O (ytime T	elephor	<i>) /</i> ne Numb	er

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

SCHEDULE I

PAGE 2 OF 13

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page		
Name of Filing Committee or Candidate	P105-01- 2 OT P105-1	
UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS TOTAL for the Reporting Period		RIBUTOR
TOTAL TOT the Reporting Farious		-0-
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	B)	
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)	\$	
TOTAL for the Reporting Period	(2)	\$ _6 -
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ 0 -
All Other Contributions (Part D)		\$
TOTAL for the Reporting Period	(3)	\$ -0-
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CH	IECKS, ETC	. (FROM PART E)
TOTAL for the Reporting Period	(4)	s _O -
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING	R4	
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.)

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	Reporting Period					
Joe Hoffma		From 🗓	3-11-3	P105-0-7 or P10		
	X			DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address				1125-235-31		\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address			MO.	DAY	YEAR	\$
			- WIO.	DAI	ILAN	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
			11101		1 501 111	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
	STILL 100 H			la distribution		\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address		ii— - I'— I WO— - II— —	- MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Full Name of Containation Constitution			-			\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	¢
Full Name of Contributing Committee			, wa	544		\$
			MO.	- DAY	YEAR	\$
Mailing Address		=0	Mo.	DAY	YEAR	¢
City	State	7 in Code 18tus 41				\$
· ·	J. Care	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	Karin and		MO.	DAY	YEAR	
						\$
Mailing Address			: MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)				Þ
			MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address						\$
and and			: MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		:=				\$
Fator Count Total of B			=======================================			PAGE TOTAL
Enter Grand Total of Part A on Sched	dule i,	Detailed Summary	y Page,	Sectio	n 2.	\$. 0 -
SEB-502 (7-99)					Į.	

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.)

From 3_11_2 Q 1 To 5 C 20						Period	1. 2.3 1
Mailing Address	SOE Water				From 5	<u> </u>	019 To > 6 2019
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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				eporting	Period	19 TO 5 6 2019	
Joe Hoffm	Joe Hottman						
			e coro	DATE		AMOUNT	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address			Mo.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	110			3	
:	0,2,5	-	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR		
City	1 04					\$	
city	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee		SOURCE HE AND LESS OF THE	MO.	DAY	YEAR	.	
Mailing Address			MO.	DAY.	YEAR	\$	
			1010.	DAI	TEAN.	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee	1		MO.	DAY	YEAR		
Mailing Address					2.4.11	\$	
Marring Adoress			MD.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR		
Full Name of Contributing Committee		_	-			\$	
			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		
		i n			- 10 All 0 lane	\$	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)	110	DAV	VEAD	\$	
		890	MO:	DAY	YEAR	\$	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR		
City	18					\$	
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$	
Full Name of Contributing Committee	-		MO.	DAY	YEAR	c	
Mailing Address			MO.	DAY	YEAR	\$	
			110.	UAT	TEMN	\$	
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Enter Grand Total of Part C on Sched	dule I	Detailed Summan	v Paga	Section	, ,	\$ _ \ ~	
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PART D **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		Reporting From 3	Period	P105.02 01 P1			
WE WILLIAM	CY	IC-ATTENDED	DATE	er 'terrer	AMOUNT		
Full Name of Contributor		MO.	DAY	YEAR	\$		
Mailing Address		MO.	DAY	YEAR			
					\$		
City Sta	te Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer Name	Occupat	ion					
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor	MO.	DAY	YEAR	\$			
Mailing Address		MQ.	DAY	YEAR	\$		
City	. 1				3		
Sta	te Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer Name		Occupat	ion				
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor	MO.	DAY	YEAR	\$			
Mailing Address	MO.	DAY	YEAR				
City Sta	te Zîp Code (Plus 4)				\$		
518	Te Zip Code (Fills 4)	MO.	DAY	YEAR	\$		
Employer Name		Occupat	ion				
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor		MO.	DAY	YEAR	\$		
Mailing Address	technique en temperature en temperat	MO.	DAY	YEAR	\$		
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Employer Mailing Address/Principal Place of Business							
	Salara Wisani Walio						
Full Name of Contributor	MO.	DAY	YEAR	\$			
Mailing Address	MO.	DAY	YEAR	\$			
City Sta	te Zip Code (Plus 4)	MO.	DAY	YEAR	4		
				1.57.00	\$		
Employer Name			Occupation				
Employer Mailing Address/Principal Place of Business							
Enter Grand Total of Part D on Schedule	I, Detailed Summa	ry Page,	Sectio	n 3.	PAGE TOTAL		

DSEB-502 (7-99)

PAGE 7 OF 12

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		*	Reporting	Period	2 2
JUB NOTE	000		From 🖒	11:00	P105.0.2019
Full Name					
Mailing Address	_				
City	State	Zip Code (Plus 4) MO.	DAY	YEAR	Amount
		: - :			\$
Receipt Description	9			Mercan III	
Full Name	T				
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
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Full Name					
Mailing Address					
City	State	Zip Code (Plus 4) MO.	DAY	YEAR	Amount
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Full Name	v III				
Mailing Address					
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City	State	Zip Code (Plus 4) MO.	DAY	YEAR	\$
Receipt Description				1	
Full Name					
Mailing Address					
City	State	Zip Code (Plus 4) MO.	DAY	YEAR	Amount
Receipt Description				14	\$
www.esowani					
	10 100				PAGE TOTAL
				4	\$ _ () -
Enter Grand Total of Part E on Sched	dule I.	Detailed Summary Page	B. Sectio	n 4	3

SCHEDULE II

PAGE 8 OF (2

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	2019 TOS (0.20)		
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$		ESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	d (1)	\$ -0-	
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25	0.00 (FROM	PART F)	
TOTAL for the Reporting Period	I (2)	s -0 -	
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART G		
TOTAL for the Reporting Period	(3)	\$ -0 -	
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.)		s	

PAGE OF 13

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate		Reporting Period				
Dar Lattone	<u></u>			From 3	>-11-20	N TO S 62019
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	- \$
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)		- 100		\$
	State	21p Code (Flus 4)	MO.	DAY	YEAR	\$
Description of Contribution:					1	
Full Name of Contributor	1		T MO	Loav	LVEAD	
	MO.	DAY	YEAR	\$		
Mailing Address			мо:	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	J
	3.5.5.555	NAME OF THE PARTY.	mo.	DAY	YEAR	\$
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Full Name of Contributor	H		I Mo.	DAY	YEAR	
NOTE SECURITY OF SECURITY			mo.	DA.	TEAN	\$
Mailing Address			MO.	DAY	YEAR	
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Full Name of Contributor			Mo.	Tana	LAPAR	
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			-			
Enter Grand Total of Part F on Sched	ule II,	In-Kind Contributi	ions D	stailed		PAGE TOTAL
Summary Page, Section 2.					- 1	\$() ~

SCHEDULE II IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate

DSEB-502 (7-99)

Name of Filing Committee or Candidate	F	Reporting Period					
Tre Hoffm	10Y	`		From 3	2.11.3	P1050201 P10	
				DATE		AMOUNT	
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address		11001	· MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	s	
Employer of Contributor		No.	Occupat	ion		1	
Employer Mailing Address/Principal Place of Business			Descript	tion of Cor	ntribution		
Full Name of Contributor					The state of the state of		
			MO.	DAY	YEAR	\$	
Mailing Address			Mo.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupati	ion			
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	ntribution		
Full Name of Contributor			MO.	DAY	YEAR		
Mailing Address						\$	
		MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$	
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Employer Mailing Address/Principal Place of Business			Description of Contribution				
Full Name of Contributor			MO.	DAY	YEAR		
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Mailing Address			MQ.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupati	on			
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City			MO.	DAY	YEAR	\$	
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
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Employer Mailing Address/Princips! Place of Business			Descripti	on of Cont	tribution		
			<u> </u>			PAGE TOTAL	
Enter Grand Total of Part G on School Summary Page, Section 3.	dule II,	, In-Kind Contribut	ions De	etailed:		s _ 6 -	

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting	Period	
				2	11-20	11 To 5 (0-201)
The hotten	5			FIGHT	1100	1000001
	2011					
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Dana i	Alan of Fun		\$
			Descrip	otion of Exp	enatture	
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STATEMENT OF UNPAID DEBTS

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

11 ((Reporting		
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