

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>		1. <b>CANDIDATE</b>		2. <b>COMMITTEE</b>		3. <b>LOBBYIST</b>	
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Joe Hoffman</i>									
Street Address: <i>761 St John St. Apt 2</i>									
City: <i>Allentown</i>					State: <i>PA</i>		Zip Code: <i>18103</i>		
<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. <input checked="" type="checkbox"/>	AMENDMENT REPORT?	YES	NO
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR <i>2019</i>		FILING METHOD ( ) CHECK ONE		PAPER		DISKETTE
Name of Office Sought by Candidate: <i>City Council</i>					DATE OF ELECTION		District Number	Office Code	Party Code
					MO. DAY YEAR <i>11 5 2019</i>			<i>OTH</i>	<i>REP</i>
									County Code <i>39</i>
							(SEE INSTRUCTIONS FOR CODES)		
<b>Summary of Receipts and Expenditures from:</b>			MO. DAY YEAR <i>5 7 2019</i>			To			MO. DAY YEAR <i>6 10 2019</i>
A. Amount Brought Forward From Last Report			\$			<i>150 00</i>			<b>FOR OFFICE USE ONLY</b>
B. Total Monetary Contributions and Receipts (From Schedule I)			\$			<i>820 00</i>			
C. Total Funds Available (Sum of Lines A and B)			\$			<i>970 00</i>			
D. Total Expenditures (From Schedule III)			\$			<i>342 42</i>			
E. Ending Cash Balance (Subtract Line D from Line C)			\$			<i>627 58</i>			
F. Value of In-Kind Contributions Received (From Schedule II)			\$			<i>120 00</i>			
G. Unpaid Debts and Obligations (From Schedule IV)			\$			<i>138 58</i>			

**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, and complete.

Commonwealth of Pennsylvania  
County of *Lehigh*  
15 day of *June* 20 *19*

*[Signature]*  
Signature of Person Submitting Report

My commission expires *08 20 2022*

*610* *462-5856*  
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 (P.L. 1333 No. 320) as amended.

Commonwealth of Pennsylvania  
County of *Lehigh*  
15 day of *June* 20 *19*

*[Signature]*  
Signature of Candidate

My commission expires *08 20 2022*

*484* *806-6517*  
Area Code Daytime Telephone Number

SCHEDULE I  
**CONTRIBUTIONS AND RECEIPTS**

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Detailed Summary Page

Name of Filing Committee or Candidate <u>Friends of Joe Hoffman</u>	Reporting Period From <u>5-7-19</u> To <u>6-10-19</u>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the Reporting Period	(1)	\$ <u>70.00</u>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>		
Contributions Received from Political Committees (Part A)		\$ <u>110.00</u>
All Other Contributions (Part B)		\$ <u>210.00</u>
TOTAL for the Reporting Period	(2)	\$ <u>320.00</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>500.00</u>
TOTAL for the Reporting Period	(3)	\$ <u>500.00</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>890.00</u>
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## 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>Friends of Joe Hoffman</u>	Reporting Period From <u>5-7-19</u> To <u>6-10-19</u>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee <u>Friends of Robert Smith</u>				<u>5</u>	<u>20</u>	<u>19</u>	\$ <u>60<sup>00</sup></u>
Mailing Address <u>1000 E Gordon St</u>				MO.	DAY	YEAR	\$
City <u>Allen town</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18109-</u>		MO.	DAY	YEAR	\$
Full Name of Contributing Committee <u>Friends of Tim Remes</u>				<u>5</u>	<u>20</u>	<u>19</u>	\$ <u>50<sup>00</sup></u>
Mailing Address <u>1408 W. Linden St.</u>				MO.	DAY	YEAR	\$
City <u>Allen town</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18102-</u>		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	\$
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				MO.	DAY	YEAR	\$
Mailing Address				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	\$
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	\$
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				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$

Enter Grand Total of Part A on Schedule 1, Detailed Summary Page, Section 2.

PAGE TOTAL

\$ 110<sup>00</sup>



## 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>Friends of Sue Koffman</i>				Reporting Period From <i>5-7-19</i> To <i>6-10-19</i>			
--	--	--	--	--	--	--	--

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

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.	PAGE TOTAL \$ <i>-0-</i>
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**PART D**  
**ALL OTHER CONTRIBUTIONS**

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**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 <u>Friends of Joe Hoffman</u>	Reporting Period From <u>5-1-19</u> To <u>6-10-19</u>
--	--

				DATE			AMOUNT
Full Name of Contributor <u>Lisa Scheller</u>				MO.	DAY	YEAR	\$ <u>500.00</u>
Mailing Address <u>751 Benner Rd</u>				MO.	DAY	YEAR	
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18104 -</u>		MO.	DAY	YEAR	\$
Employer Name <u>Silberline Manufacturing</u>				Occupation <u>CEO</u>			
Employer Mailing Address/Principal Place of Business <u>130 Lincoln Dr. Tamaqua PA 18252</u>							
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  
\$ 500.00

**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>Friends of Joe Hoffman</u>	Reporting Period From <u>5-1-19</u> To <u>6-10-19</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

\$ 00-

**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>Friends of Joe Hoffman</u>	Reporting Period From <u>5-2-19</u> To <u>6-10-19</u>
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ <u>20<sup>00</sup></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>100<sup>00</sup></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>120<sup>00</sup></u>
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**SCHEDULE II  
PART F**

PAGE 8 OF 12

# IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <u>Friends of Joe Hoffman</u>				Reporting Period From <u>5-7-19</u> To <u>6-10-19</u>			
--	--	--	--	--	--	--	--

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
<u>Choco B.</u>				<u>5</u>	<u>21</u>	<u>19</u>	\$ <u>100.00</u>
Mailing Address <u>5 N 6th St</u>				MO.	DAY	YEAR	\$
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18101</u>		MO.	DAY	YEAR	\$
Description of Contribution: <u>Location for Watch Back</u>							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
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

\$ 100.00

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

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Name of Filing Committee or Candidate <u>Friends of Joe Hoffman</u>	Reporting Period From <u>5-7-19</u> To <u>6-10-19</u>
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				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							\$
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							\$
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							\$
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							\$
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

\$ 0

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <u>Friends of Joe Hoffman</u>	Reporting Period From <u>5-7-19</u> To <u>6-10-19</u>
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To Whom Paid <u>Five Wined Good Spirits</u>	MO.	DAY	YEAR	Amount \$ <u>97.44</u>	Description of Expenditure <u>Post Primary drinks for Watch party</u>
Mailing Address <u>1918 W Allen St</u>	<u>5</u>	<u>20</u>	<u>19</u>	\$	
City <u>Allentown</u>	State <u>PA</u>		Zip Code (Plus 4) <u>18102</u>		
To Whom Paid <u>Liberty Bell Beverages</u>	MO.	DAY	YEAR	Amount \$ <u>165.00</u>	Description of Expenditure <u>Post Primary drinks for watch party</u>
Mailing Address <u>718 N 13th St.</u>	<u>5</u>	<u>20</u>	<u>19</u>	\$	
City <u>Allentown</u>	State <u>PA</u>		Zip Code (Plus 4) <u>18102</u>		
To Whom Paid <u>Georgie Porges</u>	MO.	DAY	YEAR	Amount \$ <u>425.8</u>	Description of Expenditure <u>Candidate's lunch Election day</u>
Mailing Address <u>757 St. John St</u>	<u>5</u>	<u>20</u>	<u>19</u>	\$	
City <u>Allentown PA</u>	State <u>PA</u>		Zip Code (Plus 4) <u>18103</u>		
To Whom Paid <u>Smoco</u>	MO.	DAY	YEAR	Amount \$ <u>4.38</u>	Description of Expenditure <u>ICE for watch party</u>
Mailing Address <u>2138 Hamilton St</u>	<u>5</u>	<u>20</u>	<u>19</u>	\$	
City <u>Allentown PA</u>	State <u>PA</u>		Zip Code (Plus 4) <u>18104</u>		
To Whom Paid <u>Giant</u>	MO.	DAY	YEAR	Amount \$ <u>6.77</u>	Description of Expenditure <u>Cups for watch party</u>
Mailing Address <u>3070 Highmen St</u>	<u>5</u>	<u>20</u>	<u>19</u>	\$	
City <u>Allentown</u>	State <u>PA</u>		Zip Code (Plus 4) <u>18106</u>		
To Whom Paid <u>Choco B</u>	MO.	DAY	YEAR	Amount \$ <u>25.74</u>	Description of Expenditure <u>Sample plates for watch party</u>
Mailing Address <u>5 N. 6th St.</u>	<u>5</u>	<u>21</u>	<u>19</u>	\$	
City <u>Allentown</u>	State <u>PA</u>		Zip Code (Plus 4) <u>18101</u>		
To Whom Paid	MO.	DAY	YEAR	Amount \$	Description of Expenditure
Mailing Address				\$	
City	State		Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$	Description of Expenditure
Mailing Address				\$	
City	State		Zip Code (Plus 4)		

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

PAGE TOTAL 42  
\$ 342

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>Friends of Joe Hoffman</i>	Reporting Period From <i>5-7-19</i> To <i>6-10-19</i>
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Name of Creditor <i>Tiffany White</i>					Outstanding Balance of Debt \$ <i>138<sup>38</sup></i>	
Mailing Address <i>32 Stratton Square</i>	DATE DEBT INCURRED	MO. <i>6</i>	DAY <i>7</i>	YEAR <i>19</i>		
City <i>East Hampton</i>		State <i>NY</i>	Zip Code (Plus 4) <i>11939</i>			
Description of Debt <i>Web Host / domain / business cards</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						

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

PAGE TOTAL  
\$ *138<sup>38</sup>*

Joe Hoffman

In kind donations < \$500

5-31-19

Facebook Ads.

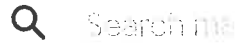
\$2000

Ed White

2301 Highland St

Albany GA 31702

5-7-19 / 6-10-19



Compose

Inbox

Starred

Snoozed

Important

Sent

Drafts

Categories

AAA

Aflac - Robert



Lisa & Bob



## Fwd: Your Facebook Ads Receipt (Acc



**Ed White**

to me

Here ya go!

Cordially,

Ed White

Cell: 610-739-3414

Email: [edwhitemagic@msn.com](mailto:edwhitemagic@msn.com)

Sent from my iPhone.

Please excuse any typos.

Begin forwarded message:

**From:** "Facebook Ads Team" <[advertise-noreply@support.facebook.com](mailto:advertise-noreply@support.facebook.com)>

**Date:** May 31, 2019 at 7:24:40 AM EDT

**To:** Ed White <[edwhitemagic@msn.com](mailto:edwhitemagic@msn.com)>

**Subject:** Your Facebook Ads Receipt (Account ID: 2232236160720)

**Reply-To:** noreply <[noreply@facebookmail.com](mailto:noreply@facebookmail.com)>



Receipt for Ed White (Account ID: 2232236160720)

Make a call

Also try our mobile apps for [Android](#) and [iOS](#)

### Summary

AMOUNT BILLED

**\$20.00 USD**

BILLING REASON

Remaining ad costs at the end of the month.

**FINE WINE & GOOD SPIRITS**

FINE WINE & GOOD SPIRITS 3903  
1916 W ALLEN ST  
ALLENTOWN  
610-821-6653

**ORIGINAL RECEIPT**

Liberty Bell Beverages  
718 N 13th Street, Allentown, Pa 18102  
(610)820-6020  
05/20/2019

5/20/19 5:33 PM  
Trans.: 2470 Store: 03903  
Reg.: 001 Till: RR  
Cashier ID: 00720464

Sale



03903001247020190520

Sutter Home Chardonnay	21.98	T
000006425 2 @	10.99	
SPA190429		
Sutter Home Pinot Noir	21.98	T
000007216 2 @	10.99	
SPA190429		
Sutter Home Riesling	21.98	T
000006608 2 @	10.99	
SPA190429		
Woodbridge White Zinfandel	25.98	T
000004121 2 @	12.99	
<b>Subtotal</b>	<b>91.92</b>	
<b>Total Sales Tax ( 6.0% tax rate )</b>	<b>5.52</b>	
<b>Total</b>	<b>97.44</b>	

**CUSTOMER COPY**

12 OZ COORS LIGHT 30 PK 12 OZ CANS	
30pk sku 03131	21.49
12 OZ MILLER HIGH LIFE 30 PK 12 OZ C	
30pk sku 03612	17.79
12 OZ YUENGLING LAGER 24 / 12 OZ CAN	
24pk sku 03779	18.79
12 OZ YUENGLING LAGER 24 / 12 OZ CAN	
24pk sku 03779	18.79
12 OZ CORONA EXTRA 24 / 12 OZ NR LOO	
24pk sku 02907	31.49
12 OZ PABST 30 PK 12 OZ CANS	
30pk sku 10536	17.79
12 OZ BUD 30 PK CAN	
30pk sku 00956	21.49
8 OZ CRYSTAL GEYSER SPRING WATER 24	
28pk sku 22980	2.99
8 OZ CRYSTAL GEYSER SPRING WATER 24	
28pk sku 22980	2.99
8 OZ CRYSTAL GEYSER SPRING WATER 24	
28pk sku 22980	2.99

10 ITEMS SUBTOTAL 156.60  
6% PA TAX on 147.63 8.86  
ID # 11 TOTAL 165.46

**GEORGIE PORCIE'S**  
757 SAINT JOHN ST  
ALLENTOWN, PA 18103  
6104342100

Cashier: Georgie Porgie  
21-May-2019 12:40:28P

1 Cheese Gourmet Pizza	\$0.00
Large	\$11.99
Sausage	\$0.00
Personal topping	\$1.99
<b>Total</b>	<b>\$13.98</b>
CASH SALE	\$13.98
Cash tendered	\$20.00
Change	\$6.02

**GEORGIE PORCIE'S**  
757 SAINT JOHN ST  
ALLENTOWN, PA 18103  
6104342100

Cashier: Georgie Porgie  
21-May-2019 12:01:10P

1 2 Large Cheese Pies	\$18.99
1 Custom Item	\$3.99
4 Soda Can	\$4.00
<b>Subtotal</b>	<b>\$26.98</b>
<b>Tax</b>	<b>\$1.62</b>
<b>Total</b>	<b>\$28.60</b>
CASH SALE	\$28.60
Cash tendered	\$40.00
Change	\$11.40

**Sunoco**

0363-4532-03

2138 Hamilton Street

Allentown, Pennsylvania 18104

5/21/2019 , 5:14:21 PM

Transaction #: 2461727

Register #: 2

2 ICE 7LB AND 8LB BAG \$4.38  
UPC/PLU 177

Sub. Total: \$4.38

Tax: \$0.00

Total: \$4.38

Discount Total: \$0.00

Cash \$10.00

Change \$5.62

Thank You For  
Shopping APlus

**GIANT**

Quality. Selection. Savings. Every Day.

3070 TILGHMAN STREET

ALLENTOWN, PA 18104

Store Telephone: (610) 776-1631

Pharmacy Telephone: (610) 351-2091

Store #6243 05/21/19 04:13pm

**GROCERY**

GV TRNSL CUP100C 3.19 T  
GV TRNSL CUP100C 3.19 T

TAX 0.39

\*\*\*\* BALANCE 6.77

CASH 7.00

CHANGE 0.23

05/21/19 04:13pm 6243 12 4 167

**2019 CARD SAVINGS**  
**\$60.71**

\*\*\*\*\*

\*\*\*\*\*GAS REWARDS\*\*\*\*\*

**CHOCO B**

5 N 6TH ST

ALLENTOWN, PA 18101

4847254511

Cashier: mikael khallouf

21-May-2019 11:04:22P

Transaction 000785

3 Say Cheese \$17.97

1 Cheese Meats Cold Meats \$6.99

Subtotal \$24.96

15% Off -\$3.74

10% Off -\$2.50

Tax \$1.12

Total \$19.84

Tip \$5.95

CREDIT CARD AUTH \$25.79

MASTERCARD 9582

21-May-2019 11:05:00P

\$25.79 | Method: CARD





# TIFFANY WHITE

ARTIST • YOGA INSTRUCTOR

6-7-11

 <http://tiffanywhite12.wixsite.com/tiffany-art-design>

 [twhite12@u.rochester.edu](mailto:twhite12@u.rochester.edu)

 (610) - 739 - 1013

INVOICE NUMBER  
000 - 0001

SERVICE/PRODUCT	PRICE	TOTAL
WIX WEBSITE • 1 year website hosting	\$ 102.00	\$102.00
PRIVATE DOMAIN REGISTRATION • 1 year domain protection	\$ 9.90	\$ 9.90
VISTAPRINT • 1000 business cards • shipping fee • sales tax	\$ 19.99 \$4.99 \$1.50	\$ 26.48
	<b>TOTAL</b>	<b>\$ 138.38</b>

**BILLED TO**

ATTN: Edward White  
Friends of Joe Hoffman  
761 St. John St., Apt 2  
Allentown, PA 18103

**PLEASE MAIL CHECKS TO:**

Tiffany White  
32 Stratton Square  
East Hampton, NY 11937

Payments via PayPal accepted