

## CAMPAIGN FINANCE REPORT

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

Filer Identification Number: <b>2</b>		Report Filed By: <b>2</b>		CANDIDATE <b>1</b>		COMMITTEE <b>2</b>		LOBBYIST <b>3</b>	
Name of Filing Committee, Candidate or Lobbyist: <b>Friends of Joe Hoffman</b>									
Street Address: <b>761 St John St Apt 2</b>									
City: <b>Allentown</b>				State: <b>PA</b>		Zip Code: <b>18103</b>			
TYPE OF REPORT (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.	30 DAY POST ELECTION	<b>X</b>	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR	<b>2019</b>		FILING METHOD ( ) CHECK ONE		PAPER	DISKETTE
Name of Office Sought by Candidate: <b>City Council</b>					DATE OF ELECTION		District Number	Office Code	Party Code
					MO. DAY YEAR			<b>07H</b>	<b>REP</b>
					<b>11 05 2019</b>				<b>39</b>
							(SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from:			MO. DAY YEAR	To	MO. DAY YEAR	FOR OFFICE USE ONLY			
			<b>10 22 2019</b>		<b>11 25 2019</b>				
A. Amount Brought Forward From Last Report			\$		<b>633.10</b>				
B. Total Monetary Contributions and Receipts (From Schedule I)			\$		<b>- 0 -</b>				
C. Total Funds Available (Sum of Lines A and B)			\$		<b>633.10</b>				
D. Total Expenditures (From Schedule III)			\$		<b>285.00</b>				
E. Ending Cash Balance (Subtract Line D from Line C)			\$		<b>348.10</b>				
F. Value of In-Kind Contributions Received (From Schedule II)			\$		<b>- 0 -</b>				
G. Unpaid Debts and Obligations (From Schedule IV)			\$		<b>- 0 -</b>				

## 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 **3** day of **December** 20 **19**Commonwealth of Pennsylvania County of **Lehigh**Signature of Person Submitting Report **Joe M. Walker**Printed Name **Joe M. Walker**My commission expires **08 20 2022**MO. DAY YR. **610 462-6516**

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. 1933, No. 320) as amended.

Sworn to and subscribed before me this **3** day of **December** 20 **19**Commonwealth of Pennsylvania County of **Lehigh**Signature of Candidate **Joseph E. Hoffman**Printed Name **JOSEPH E. HOFFMAN**My commission expires **08 20 2022**MO. DAY YR. **484 866-6517**

Area Code Daytime Telephone Number

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

Name of Filing Committee or Candidate <i>Friends of Joe Hoffman</i>	Reporting Period From <i>10-22-2019</i> To <i>11-25-2019</i>
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**1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the Reporting Period	(1)	\$	<i>0 -</i>
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**2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)**

Contributions Received from Political Committees (Part A)	\$	<i>0 -</i>
All Other Contributions (Part B)	\$	<i>0 -</i>
TOTAL for the Reporting Period	(2)	\$ <i>0 -</i>

**3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)**

Contributions Received from Political Committees (Part C)	\$	<i>0 -</i>
All Other Contributions (Part D)	\$	<i>0 -</i>
TOTAL for the Reporting Period	(3)	\$ <i>0 -</i>

**4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)**

TOTAL for the Reporting Period	(4)	\$	<i>0 -</i>
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<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.)	\$	<i>0 -</i>
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## 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 <i>Friends of Joe Hoffman</i>	Reporting Period From <i>10-22-2019</i> To <i>11-25-2019</i>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
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**

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**\$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>Friends of Joe Hoffman</u>	Reporting Period From <u>10-22-2019</u> To <u>11-25-2019</u>
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$

<p><b>Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.</b></p>	<p><b>PAGE TOTAL</b> \$ <u>-0-</u></p>
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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 <i>Friends of Joe Hoffman</i>	Reporting Period From <i>10-22-2019</i> To <i>11-25-2019</i>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$
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	\$
		-					
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	\$
		-					

PAGE TOTAL

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

\$ -0-

**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 <i>Friends of Joe Hoffman</i>				Reporting Period From <i>10-22-2019</i> To <i>11-25-2019</i>			
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			DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR			
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Employer Name	Occupation					
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Employer Name	Occupation					
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Employer Name	Occupation					
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
Employer Name	Occupation					
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor	MO.	DAY	YEAR			\$
Mailing Address	MO.	DAY	YEAR			\$
City	MO.	DAY	YEAR			\$
State						\$
Zip Code (Plus 4)						\$
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**

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**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>10-22-2019</u> To <u>11-25-2019</u>
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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
\$ <u>0-</u>

**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 <i>friends of Joe Kuffman</i>	Reporting Period From <i>10-22-2019</i> To <i>11-25-2019</i>
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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)	\$ <i>-0-</i>

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

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

<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.)	\$ <i>-0-</i>
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SCHEDULE II  
PART F  
**IN-KIND CONTRIBUTIONS RECEIVED**

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VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <u>Friends of Joe Hoffman</u>	Reporting Period From <u>10-22-2019</u> To <u>11-25-2019</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	\$
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

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Name of Filing Committee or Candidate <u>Friends of Joe Hoffman</u>	Reporting Period From <u>10-22-2019</u> To <u>11-25-2019</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

\$

SCHEDULE III  
**STATEMENT OF EXPENDITURES**

PAGE 11 OF 12

Name of Filing Committee or Candidate <u>Friends of Joe Hoffman</u>	Reporting Period From <u>10-22-2019</u> To <u>11-25-2019</u>
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To Whom Paid <u>Joe Hoffman</u>	MO. <u>10</u>	DAY <u>31</u>	YEAR <u>2019</u>	Amount <u>\$ 60.00</u>
Mailing Address <u>761 St John St Apt 2</u>				
Description of Expenditure <u>Event spending / lunch /</u>				
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18103-</u>		
To Whom Paid <u>MAM Investment Corp.</u>				
Mailing Address <u>1109 Hamilton St</u>				
Description of Expenditure <u>Election Night - 15 people</u>				
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18101</u>		
To Whom Paid				
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
To Whom Paid				
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
To Whom Paid				
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
To Whom Paid				
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
To Whom Paid				
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
To Whom Paid				
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
To Whom Paid				
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

\$ 285.00



SCHEDULE IV  
**STATEMENT OF UNPAID DEBTS**

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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 <u>Friends of Joe Hoffman</u>	Reporting Period From <u>10-22-2019</u> To <u>11-25-2019</u>
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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

\$ 0