CAMPAIGN FINANCE REPORT

PAGE 1 OF (COVER PAGE)

Filer Identificatio Number:	n Inis report must be		Report Filed By:		CANDIDATE	1.	COMM	(State)	2.	LOBE	YIST 3.
A section	nittee, Candidate or Lobbyist:	100	140	<u></u>					7.8	ACCOUNTS ON	99(020119)
Street Address:	V 1 51 V	1	-1	CLA	1)						
City:	101 24 18	Ohn	74	H	State:		Zip Cod	le:	-		
Filler	Ham				87			810	\ -	y	5000 VIII =
TYPE OF REPORT	PRE-PRIMARY	2ND FRIDAY PRE-PRIMARY		CONTRACTOR OF STREET	DAY ST PRIMARY	3.	AMENDA REPORT?	OCCUPATION AND ADDRESS OF THE PARTY OF THE P	YES		NO ·
(place X to	6TH TUESDAY 4. PRE-ELECTION	2ND FRIDA PRE-ELECT	MEGGGGGGGG	7.95,7992250	DAY ST ELECTION	X	TERMINA REPORT?		YES		NO
the right of report type)	ANNUAL 7.	YEAR	PICS		G METHOD CHECK ONE		PAPE	R		DISKI	ETTE
Name of Office Soug	ht by Candidate:			MO	ATE OF ELEC	TION AR	District Number	Offic Code OW	1	Party Code TIONS	County Code FOR CODE
Summary of R and Expenditur	eceipts	DAY YE	To	M	25 201	AR	F	OR OF	FICE (JSE O	NLY
A. Amount Brough	t Forward From Last Report		\$	(0)	33.10						
	Contributions and Receipts (F		edule I) \$	-	0-						
C. Total Funds Ava	ailable (Sum of Lines A and E	B)	\$	03?	0.10						
	res (From Schedule III)	\$	26	5:00							
E. Ending Cash Bal	ance (Subtract Line D from I	_ine C)	\$	BL	9,10						
E. Value of In-Kin	d Contributions Received (Fro	om Sched	ule II) \$		0-						
The same of the sa	nd Obligations (From Schedule	e IV)	\$		- 0 -						
	s a Committee report, treasu	ırer sign h		is a	Candidate rep					and be	elief true,
day o	ibed before me this County	onwealt	h of Penns		nia m	ature of	Person S	to Co	g Repo	rt Co	
PART II - If this I	s a report of a Candidate's	Authorize	d Committe	e, car	didate shall si	gn her	e				7. X
I sweet (or affirm) the (P.L. \$333, No. 320) a sweet to and subscribed to and subscribed to an analysis of the conficulty of the conficult	at to the best of my knowledge s emended. Tibed before me this Cour	and belief	this political of lith of Pen	ommit	tee has not viol	Red and Signat	provisio	of formation	mi Em	an 191) '7
a - Notary See 17-99) y Public 500 17-999	Department of State 210 North Office Bulldi	Bure	eau of Comi larrisburg, P	missio A 17	ns, Elections 120-0029	and L	egislatio 7) 787–5	n 5 2 80			

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Per	iod	
Folends of Sire Noffman			2105-26-11 oTP10
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50,00 OR LESS	PER CONT	RIBU	TOR
TOTAL for the Reporting Period	(1)	\$	_0 -
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	B)		
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)		\$	_() -
All Other Contributions (Part D)		\$	-C) -
TOTAL for the Reporting Period	(3)	\$	-0 -
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CI	HECKS, ETC	C. (FR	OM PART E)
TOTAL for the Reporting Period	(4)	\$	_() -
		h ===	
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.)		\$	0 -

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	_		R	eporting		6
forends of Doe	Hoffma			From 10	-33-3	190252C-11 ot P10
			- N1 - 1 1 1 1 E9	DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
S.W. Name and Grand State of S			ļ			\$
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			E01115		60	3
Ton Name of Contributing Committee			Mo.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR :	¢
City	164-4- 1	Tin Code William				\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
			HIO.	UAT	TEAR	\$
Mailing Address			MO.	DAY	YEAR	6
City	State	Zip Code (Plus 4)				\$
	State	Zip Code (Fids 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		-	Mo.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MrQ.	DAY	WEAR	Ψ
		(E)	me.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address						\$
World Action			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY.	YEAR	
						\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address						*
Acceptance Acceptance			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		:H::				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
					1,100	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_				\$
Enter Grand Total of Part A on S	chedule !	Detailed Summar	ny Bass	Cantin		PAGE TOTAL
The state of Fall A Oil 3	onequie I,	Detelled Summa	y rage,	Sectio	ri Z.	\$ _ 6 -

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.)

Name of Filing Committee or Candidate	Reporting Period					
Friends of Jon	e \	Loffmer		From <u>\</u>	> 22.2	P10678-11 01 P10
				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	*
			11102	DAI	TEAN	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO:	: DAY :	YEAR	
City	State	Zip Code (Plus 4)				\$
	State	LIP Code (FIUS 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	-					\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR:	\$
Full Name of Contributor		-	MO.	DAY	YEAR	
Mailing Address			MO:	DAY	YEAR	\$
			ano.	DAT	JEAR	\$
City	State	Zip Code (Plus 4)	· MO.	DAY	YEAR	¢
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address					1	\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Full Name of Contributor			MO.	DAY	YEAR	\$
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	LUMY .	ICAM	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO	DAY:	YEAR	\
Full Name of Contributes		-	-			\$
Full Name of Contributor			⊕ MQ,	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
			INIO.	JA	LAN	\$
						PAGE TOTAL
Enter Grand Total of Part B on Sched	ule I,	Detailed Summar	ry Page,	Sectio	n 2.	\$ - _
DSEB-502 (7-99)						

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.

	Hottma			DATE		AMOUNT
Name of Contributing Committee			MO;	DAY	YEAR	\$
niling Address						Ψ
			MO.	DAY	YEAR	\$
zy /	State	Zip Code (Plus 4)	· Mo:	DAY	YEAR	
		<u> </u>				\$
Name of Contributing Committee			MO:	DAY	YEAR	\$
iling Address			MO.	DAY	YEAR	*
			111.02			\$
Y	State	Zip Code (Plus 4)	MO.	DAY	YEAR	¢
						\$
I Name of Contributing Committee			MO.	DAY	YEAR	\$
illing Address			MO:	DAY	YEAR	
						\$
Y .	State	Zip Code (Plus 4)	MO:	DAY	YEAR	\$
			4	III NOW		Ψ
I Name of Contributing Committee			MO.	DAY	YEAR	\$
iling Address			MO,	DAY	YEAR	
		ALCO SECURITION OF THE SECURIT				\$
Y	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
						
Name of Contributing Committee			MO:	DAY	YEAR	\$
iling Address			: MO;	DAY	YEAR	
						\$
У	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
I Name of Contributing Committee				12.00		
Name or Contributing Committee			MO.	DAY	YEAR	\$
iling Address			MO:	DAY	YEAR	
у	T 80	7: 0 1 18: 1				\$
7	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
I Name of Contributing Committee			MO,	DAY	YEAR	
<u> </u>				JAL	1200	\$
iling Address			Mo.	DAY	YEAR	\$
у	State	Zip Code (Plus 4)			Franzis	4
,	State	LIP COUR (FIUS 4)	MO.	DAY	YEAR	\$
Name of Contributing Committee			MO.	DAY	YEAR	
·						\$
iling Address			MO.	DAY	YEAR	\$
у	State	Zip Code (Plus 4)	Soys I was			Ψ
,	State	Zip Code (Flus 4)	MO.	DAY	YEAR	\$
			4	<u> </u>	<u>ا</u> ـــــــ	PAGE TOTAL

PART D **ALL OTHER CONTRIBUTIONS**

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	R	eporting	Period	2 22 0		
Friends of Scre	Hoff,	non		From <u>\</u>	193500	P TO 11-252019
				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	on	lI	
Employer Mailing Address/Principal Place of Busine	\$\$					
Full Name of Contributor	-		MO.	DAY	YEAR	ф
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	.
Employer Name			Occupati	on .		\$
Employer Mailing Address/Principal Place of Busine	\$\$					
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address	1		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupati	on		
Employer Mailing Address/Principal Place of Busine)SS					
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY.	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Employee Name					1	\$
Employer Name			Occupati	on		
Employer Mailing Address/Principal Place of Busine	55					
Full Name of Contributor			EMMORE:	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	: MO.	EDAY:	YEAR	
Employer Name			Deavact			\$
			Occupati	υn		
Employer Mailing Address/Principal Place of Busine	955					
			==	= = =	·	PAGE TOTAL
Enter Grand Total of Part D on Sci	hedule I,	Detailed Summar	ry Page,	Section	on 3.	

DSEB-502 (7-99)

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.

The of Filing Committee or Candi	tottmo		From	ng Period	C-26-11 ot P10
Name					
iling Address					
У	State	Zip Code (Plus 4)	MO. DA	Y YEAR	Amount
ceipt Description		~			\$
erpt Description	3				
l Name					
iling Address					
у	State	Zip Code (Plus 4)	MO. DA	Y YEAR	Amount
		== ==	MO. DA	TEAR	\$
ceipt Description	-				
II Name					
iling Address		_			
ty	State	Zip Code (Plus 4)	MO. DA	Y YEAR	Amount \$
ceipt Description					Ψ
II Name					
TI Name					
ailing Address					
ty	State	Zip Code (Plus 4)	MO. DA	Y YEAR	Amount
noint Deseriation					\$
ceipt Description			~	1	
I Name					
iling Address		_			
YY .	State	Zip Code (Plus 4)	MO. DA	YEAR	Amount \$
ceipt Description					
1 Name					
iling Address					
YY	State	Zip Code (Plus 4)	MO. DA	YEAR	Amount
ceipt Description					\$
TOTAL MARKET CONTROL OF THE PARTY OF T					

SCHEDULE II

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	Reporting Per		
friends at the buffman	From 10 2	2-2019	To 11-25-2019
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S	50.00 OR L	ESS PE	R CONTRIBUTOR
TOTAL for the Reporting Period	d (1)	\$	-0 -
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$29	50.00 (FROM	PART	F)
TOTAL for the Reporting Period	d (2)	\$	_0 -
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART G)	
TOTAL for the Reporting Period	d (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.)		\$	_0 -

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate		Rep	orting F	eriod	
fliends of Jue 1	holtman	F	rom 📗	39.9	PICKELLIOT AC
		4	DATE		AMOUNT
Full Name of Contributor		MO.	DAY	YEAR	\$
Mailing Address		MO.	DAY	YEAR	\$
City	Zip Code (Plus 4)	MO.	DAY	YEAR	
Davids of Gardina					\$
Description of Contribution:					
Full Name of Contributor		MO.	DAY	YEAR	A
Mailing Address		MO.	DAY:	YEAR	\$
		INO.	DAT.	TEAR	\$
City	Zip Code (Plus 4)	Mo	DAY	YEAR	\$
Description of Contribution					
Sull Name of Contributes		7			
Full Name of Contributor		MO.	DAY	YEAR	\$
Meiling Address		MO.	DAY	YEAR:	\$
City	Zip Code (Plus 4)	MO.	DAY	YEAR-	4
					\$
Description of Contribution:					
Full Name of Contributor		MO.	DAY	YEAR	0
Mailing Address		140	DAV	New B	\$
		MO.	DAY	YEAR	\$
City State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:			_/		
Full Name of Control				1	
Full Name of Contributor		MO.	DAY	YEAR	\$
Mailing Address		Mo.	DAY	YEAR	-
City State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
				LEMA	\$
Description of Contribution:					\ <u></u>
Full Name of Contributor		MO.	DAY	YEAR	
Mailing Address			B. N. M.		\$
		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 Contribu	tions Det	ailed		PAGE TOTAL
Summary Page, Section 2.		2.1.5 230			\$ _(1) -

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			R	eporting	Period	
Forends of Soe	104	elmon		From <u>U</u>	0.98.20	P10626-11 or P10
		alada ku maka inak		DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	I Cana	Zip Code (Plus 4)				*
, , , , , , , , , , , , , , , , , , ,	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			Occupation	on		
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution	
			, a c c c c c c c c c c c c c c c c c c	on or oon		
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
<u> </u>						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			Occupati	on		I
Employer Mailing Address/Principal Place of Business			Descripti	on of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY.	YEAR	\$
Employer of Contributor			Occupati	on		
Employer Mailing Address/Principal Place of Business			Danarinti		4-16-41	
Supplies to the supplies to th		1	Descripti	on of Con	tribution	
Full Name of Contributor			MO	DAY	YEAR	<u></u>
Mailing Address			MO.	DAY	YEAR	\$
			MO.	DAI	TEAN	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			Occupati	on		
Employer Mailing Address/Principal Place of Business	ı		Descripti	on of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	T .
Mailing Address						\$
Walling Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY.	YEAR	s
Employer of Contributor			Occupati	on		
Employer Melling Address/Principal Place of Business			Descripti	an of Con	tribution	
			d			PAGE TOTAL
Enter Grand Total of Part G on Sche Summary Page, Section 3.	dule II	l, In-Kind Contribu	itions D	etailed		\$ _ ^
Sammer & Lake, Section 3.						

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period
Friends of The Hol			From 10: 22.2019 To 11.25:200
TOPOGO OF SIR WO	Tm		
2. 10. 2.1			
To Whom Paid			MO. DAY YEAR Amount
Mailing Address			Description of Expenditure
City 161 54 Day 54	by	5 6	Event sanding lund
Allandar	State	Zip Code (Plus 4)	Water En Election dans
To Whom Paid	- N	1010	MO. DAY YEAR Amount
MAM Intestment Co	NO	-	10 31 201 \$225
Mailing Address			Description of Expenditure
CITY	State	Zip Code (Plus 4)	CHECKEN IVIEW DESCRIC
H Hm Vun	W.	181071	The View
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)	
T. W		_	
To Whom Peid			Mo: DAY- YEAR Amount
Mailing Address			Description of Expenditure
City	1 1		
City	State	Zip Code (Plus 4)	
To Whom Paid			MO. DAY YEAR Amount
			\$
Mailing Address			Description of Expenditure
Cîty	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	d		MO: DAY YEAR Amount
Mailing Address			S S
			Description of Expenditure
City	State	Zip Code (Plus 4)	
			PAGE TOTAL
Enter Grand Total of Expenditures on Pa	ge 1, l	Report Cover P	Page, Item D. \$ 285

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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.

Name of Filing Committee or Candidate	Reporting Period
Francis of Dec	HOLEMAN TO 11-25-2019 TO 11-25-2019
Name of Creditor	Outstanding Balance of D
Mailing Address	DATE MO. DAY YEAR
City	State Zip Code (Plus 4)
Description of Pebt	-
lame of Craditor	Outstanding Balance of D
ailing Address	\$
	DATE MO. DAY YEAR DEBT INCURRED
ity	State Zip Code (Plus 4)
escription of Debt	
ame of Creditor	Outstanding Balance of D
Mailing Address	DATE MO DAY LYEAR
	DATE MO. DAY YEAR DEBT INCURRED
lity	State Zip Code (Plus 4)
Description of Debt	
Name of Creditor	Outstanding Balance of D
failing Address	DATE MO. DAY YEAR
City	DEBT INCURRED State Zip Code (Plus 4)
	Tip Code (Fids 4)
escription of Debt	
lame of Creditor	Outstanding Balance of Di \$
Mailing Address	DATE MO. DAY YEAR
Sity	State Zip Code (Plus 4)
Description of Debt	
lame of Creditor	Outstanding Balance of D
Mailing Address	DATE MO. DAY YEAR
lity	DEBT INCURRED State Zip Code (Plus 4)
8	State Zip Code (Plus 4)
Description of Debt	
	on Page 1, Report Cover Page, Itam G. PAGE TOTAL