Commonwealth of Pennsylvania

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:

Report Filed By: CANDIDATE [X] COMMITTEE 2. LOBBYIST 3.

Name of Filing Committee, Candidate or Lobbyist: Joe Hoffman

Street Address: 741 St John St Apt 2

City: Allentown State: PA Zip Code: 18103 -

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	6. X	TERMINATION REPORT?	YES		NO	
ANNUAL REPORT	7.	YEAR		FILING METHOD ( ) CHECK ONE		PAPER		DISKETTE		

Name of Office Sought by Candidate: City Council

DATE OF ELECTION MO.	DAY	YEAR	District Number	Office Code	Party Code	County Code
11	5	2019		OTH	REP	39

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from: MO. 10 DAY 22 YEAR 2019 To MO. 10 DAY 25 YEAR 2019

A. Amount Brought Forward From Last Report	$ -0-
B. Total Monetary Contributions and Receipts (From Schedule I)	$ -0-
C. Total Funds Available (Sum of Lines A and B)	$ -0-
D. Total Expenditures (From Schedule III)	$ -0-
E. Ending Cash Balance (Subtract Line D from Line C)	$ -0-
F. Value of In-Kind Contributions Received (From Schedule II)	$ -0-
G. Unpaid Debts and Obligations (From Schedule IV)	$ -0-

FOR OFFICE USE ONLY

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 (P.L. 1333, No. 320) as amended.

Commonwealth of Pennsylvania

County of Lehigh

Sworn to and subscribed before me this 3 day of December 20 19

Signature

My commission expires 01 10 2020 MO. DAY YR.

Signature of Candidate: Joseph E. Hoffman

Printed Name: JOSEPH E. HOFFMAN

Area Code: 484 Daytime Telephone Number: 866-6517

Commonwealth of Pennsylvania - Notary Seal
Veronica Duran, Notary Public
Lehigh County
My commission expires August 20, 2021
Member, Pennsylvania Association of Notaries
Commission number 1285275

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

DSEB-500 (7-99)

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Sue Huffman	From 10-22-2019 To 11-25-2019

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - $50.00 OR LESS PER CONTRIBUTOR	
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)	$ -0-
All Other Contributions (Part D)	$ -0-
TOTAL for the Reporting Period (3)	$ -0-

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

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	Reporting Period
Joe Hoffman	From 10.22.2019 To 11.25.2019

Full Name of Contributing Committee			DATE MO.	DAY	YEAR	AMOUNT
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-

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PART B

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
Joe Hoffman	From 10.22.2019 To 11.25.2019

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

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

PAGE TOTAL $ 0

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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	Reporting Period
Joe Hoffman	From 10-22-2019 To 11-25-2019

Full Name of Contributing Committee / Mailing Address / City	State	Zip Code (Plus 4)	DATE MO.	DAY	YEAR	AMOUNT
						$
						$
		–				$
						$
						$
		–				$
						$
						$
		–				$
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PAGE TOTAL $ -0-

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

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	Reporting Period
Joe Hoffman	From 10-22-2019 To 11-25-2019

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

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

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

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

Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address						$
City	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–

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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
Sue Hoffman	From 10-22-2019 To 11-25-2019

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 $ – 0 –

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 Period
Joe Hoffman	From 10.22.2019 To 11.25.2019

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

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

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER $250.00 (FROM 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.)*	$ -0-

SCHEDULE II
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF $50.01 TO $250.00

Name of Filing Committee or Candidate	Reporting Period
Joe Hoffman	From 10-22-2018 To 11-25-2018

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

Name of Filing Committee or Candidate	Reporting Period
Joe Huffman	From 10.22.2019 To 11.25.2019

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

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

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

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

Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
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-

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Joe Hoffman	From 10.22.2019 To 11.25.2019

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) –				

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 $ 0

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	Reporting Period
Joe Hoffman	From 10-22-2019 To 11-25-2019

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-