

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

PAGE 1 OF 13

(COVER PAGE)

(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 1.		COMMITTEE 2. <input checked="" type="checkbox"/>		LOBBYIST 3.	
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Joe Hoffman</i>									
Street Address: <i>201 St John St Apt 2</i>									
City: <i>Allentown</i>					State: <i>PA</i>		Zip Code: <i>18103-</i>		
TYPE OF REPORT (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY 1.		2ND FRIDAY PRE-PRIMARY 2.		30 DAY POST PRIMARY 3.		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION 4.		2ND FRIDAY PRE-ELECTION 5. <input checked="" type="checkbox"/>		30 DAY POST ELECTION 6.		TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	ANNUAL REPORT 7.		YEAR <i>2019</i>		FILING METHOD () CHECK ONE <input checked="" type="checkbox"/>		PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>		
Name of Office Sought by Candidate: <i>City Council</i>					DATE OF ELECTION		District Number		Office Code
					MO. DAY YEAR <i>11 5 A</i>				Party Code
									County Code
									(SEE INSTRUCTIONS FOR CODES)
Summary of Receipts and Expenditures from:					MO. DAY YEAR <i>6 11 2019</i>		To		MO. DAY YEAR <i>10 21 2019</i>
A. Amount Brought Forward From Last Report					\$ <i>627.58</i>				
B. Total Monetary Contributions and Receipts (From Schedule I)					\$ <i>2202.00</i>				
C. Total Funds Available (Sum of Lines A and B)					\$ <i>2829.58</i>				
D. Total Expenditures (From Schedule III)					\$ <i>2196.48</i>				
E. Ending Cash Balance (Subtract Line D from Line C)					\$ <i>633.10</i>				
F. Value of In-Kind Contributions Received (From Schedule II)					\$ <i>559.00</i>				
G. Unpaid Debts and Obligations (From Schedule IV)					\$ <i>-0-</i>				
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.		Commonwealth of Pennsylvania	
Sworn to and subscribed before me this County of <i>Lehigh</i>		Signature of Person Submitting Report <i>Ann M. Walker</i>	
day of <i>October</i> 20 <i>19</i>		Printed Name <i>Ann M. Walker</i>	
Signature <i>Veronica Duran</i>		Area Code <i>610</i>	
Commission expires <i>08 20 2022</i>		Daytime Telephone Number <i>462-5850</i>	
MO. DAY YR.			
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	
Sworn to and subscribed before me this County of <i>Lehigh</i>		Signature of Candidate <i>Joseph E. Hoffman</i>	
day of <i>October</i> 20 <i>19</i>		Printed Name <i>JOSEPH E. HOFFMAN</i>	
Signature <i>Veronica Duran</i>		Area Code <i>484</i>	
Commission expires <i>08 20 2022</i>		Daytime Telephone Number <i>866-6517</i>	
MO. DAY YR.			

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

CONTRIBUTIONS AND RECEIPTS**Detailed Summary Page**

Name of Filing Committee or Candidate <i>Friends of Joe Hoffman</i>	Reporting Period From <i>6-11-2019</i> To <i>10-21-19</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
	TOTAL for the Reporting Period	(1) \$ <i>26⁰⁰</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$ <i>126⁰⁰</i>
All Other Contributions (Part B)		\$ <i>550⁰⁰</i>
TOTAL for the Reporting Period	(2)	\$ <i>676⁰⁰</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>1500⁰⁰</i>
TOTAL for the Reporting Period	(3)	\$ <i>1500⁰⁰</i>

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

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.)	\$ <i>2202⁰⁰</i>
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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 Friends of Joe Hoffman	Reporting Period From 6-11-2019 To 10-21-19
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				DATE			AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	
Dean Browning				8	19	19	\$ 100.00
Mailing Address				MO.	DAY	YEAR	\$
2432 Congress St.							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Allentown	PA	18104					\$
Full Name of Contributing Committee				MO.	DAY	YEAR	
Glenn Eckhardt				9	1	19	\$ 20.00
Mailing Address				MO.	DAY	YEAR	\$
511 E Federal St							\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Allentown	PA	18103					\$
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 I, Detailed Summary Page, Section 2.

PAGE TOTAL

\$ 126⁰⁰

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 <u>Friends of Joe Hoffman</u>				Reporting Period From <u>6-11-2019</u> To <u>10-21-19</u>			
--	--	--	--	--	--	--	--

			DATE			AMOUNT	
Full Name of Contributor	MO.	DAY	YEAR	MO.	DAY	YEAR	
<u>Tim Messeri</u>	<u>10</u>	<u>12</u>	<u>19</u>				\$ <u>100⁰⁰</u>
Mailing Address <u>3774 Manchester Rd</u>				<u>10</u>	<u>06</u>	<u>19</u>	\$ <u>50⁰⁰</u>
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18104</u>					\$
<u>Nat Hyman</u>	<u>6</u>	<u>12</u>	<u>19</u>				\$ <u>100⁰⁰</u>
Mailing Address				<u>9</u>	<u>24</u>	<u>19</u>	\$ <u>50⁰⁰</u>
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>-</u>					\$
<u>Richard Hoffman</u>	<u>9</u>	<u>24</u>	<u>19</u>				\$ <u>250⁰⁰</u>
Mailing Address <u>9 Victory Rd</u>							\$
City <u>Salem</u>	State <u>MA</u>	Zip Code (Plus 4) <u>01970</u>					\$
							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.	PAGE TOTAL \$ <u>550⁰⁰</u>
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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 Sue Hoffman</i>	Reporting Period From <i>6-11-2019</i> To <i>12-31-19</i>
--	--

				DATE			AMOUNT
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	\$
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 <u>Friends of Joe Hoffman</u>	Reporting Period From <u>6-11-19</u> To <u>10-21-19</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<u>John R. Lovett</u>	<u>9</u>	<u>15</u>	<u>19</u>	\$ <u>500.00</u>
Mailing Address <u>2830 W Liberty St</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>Retired</u>	Occupation			
Employer Mailing Address/Principal Place of Business				

<u>Eric Scheller</u>	<u>10</u>	<u>07</u>	<u>19</u>	\$ <u>500.00</u>
Mailing Address <u>751 Benner Rd</u>	MO.	DAY	YEAR	\$
City <u>Allentown PA</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>80 Lincoln Dr Tamaqua PA 18252</u>				

<u>Don Ringer</u>	<u>7</u>	<u>9</u>	<u>19</u>	\$ <u>500.00</u>
Mailing Address <u>1801 Liberty St</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>Ringer Rust</u>	Occupation <u>Owner</u>			
Employer Mailing Address/Principal Place of Business <u>Same</u>				

<u></u>	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

<u></u>	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	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
\$ 1500.00

**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 Wolfman</u>	Reporting Period From <u>6-11-19</u> To <u>12-31-19</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 \$ <u>0</u>
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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 Hoffman</i>	Reporting Period From <i>6-11-19</i> To <i>12-21-19</i>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <i>- 0 -</i>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ <i>559.00</i>

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

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.)	\$ <i>559.00</i>
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**SCHEDULE II
PART F**

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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>6-11-19</u> To <u>12-21-19</u>
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Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
<u>Lisa Walker</u>	<u>29 W Franklin St</u>	<u>Allentown</u>	<u>PA</u>	<u>18102</u>	<u>6</u>	<u>11</u>	<u>19</u>	\$ <u>150⁰⁰</u>
Description of Contribution: <u>Literature \$500</u>								\$

<u>Lisa Walker</u>	<u>29 W Franklin St</u>	<u>Allentown</u>	<u>PA</u>	<u>18102</u>	<u>7</u>	<u>11</u>	<u>19</u>	\$ <u>150⁰⁰</u>
Description of Contribution: <u>Literature \$500 / wire frames</u>								\$
					<u>9</u>	<u>20</u>	<u>19</u>	\$ <u>100⁰⁰</u>
Description of Contribution:								\$

<u>Informatica Supply Products</u>	<u>1960 Chester Rd</u>	<u>Bethlehem</u>	<u>PA</u>	<u>18017</u>	<u>9</u>	<u>18</u>	<u>19</u>	\$ <u>159⁰⁰</u>
Description of Contribution: <u>Literature \$500</u>								\$

								\$
Description of Contribution:								\$

								\$
Description of Contribution:								\$

								\$
Description of Contribution:								\$

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 559⁰⁰

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

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Name of Filing Committee or Candidate <u>Parents of Joe Hoffman</u>	Reporting Period From <u>11-20-19</u> To <u>12-31-19</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				MO.	DAY	YEAR	\$
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				MO.	DAY	YEAR	\$
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				MO.	DAY	YEAR	\$
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				MO.	DAY	YEAR	\$
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

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <u>Friends of Joe Hoffman</u>	Reporting Period From <u>6-11-2019</u> To <u>10-21-19</u>
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To Whom Paid <u>Tiffany White</u>	MO. <u>6</u>	DAY <u>11</u>	YEAR <u>19</u>	Amount \$ <u>250⁰⁰ 4138⁵⁸</u>
Mailing Address <u>32 Stratton Square</u>		Description of Expenditure <u>Website / Business card</u>		
City <u>East Hampton</u>	State <u>NY</u>	Zip Code (Plus 4) <u>11957</u>		

To Whom Paid <u>All American Graphics</u>	MO. <u>7</u>	DAY <u>27</u>	YEAR <u>19</u>	Amount \$ <u>101³⁰</u>
Mailing Address <u>1832 W Green St</u>		Description of Expenditure <u>T-Shirts</u>		
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18104</u>		

To Whom Paid <u>Ramp Graphics</u>	MO. <u>7</u>	DAY <u>29</u>	YEAR <u>19</u>	Amount \$ <u>199⁹⁰</u>
Mailing Address <u>2001 W Hamilton St</u>		Description of Expenditure <u>Posters / Labels</u>		
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18104</u>		

To Whom Paid <u>All American Graphics</u>	MO. <u>7</u>	DAY <u>26</u>	YEAR <u>19</u>	Amount \$ <u>86⁵⁰</u>
Mailing Address <u>1832 W Green St</u>		Description of Expenditure <u>T-Shirts</u>		
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18104</u>		

To Whom Paid <u>LCRC</u>	MO. <u>8</u>	DAY <u>12</u>	YEAR <u>19</u>	Amount \$ <u>104⁰⁰</u>
Mailing Address <u>121 N. CC Blvd</u>		Description of Expenditure <u>Fair booth</u>		
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18104</u>		

To Whom Paid <u>Ed White</u>	MO. <u>8</u>	DAY <u>14</u>	YEAR <u>19</u>	Amount \$ <u>52⁰⁰</u>
Mailing Address <u>2301 Highland St</u>		Description of Expenditure <u>reimbursed for picking up fair passes</u>		
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18102</u>		

To Whom Paid <u>Information Supply Products</u>	MO. <u>9</u>	DAY <u>19</u>	YEAR <u>19</u>	Amount \$ <u>159⁰⁰</u>
Mailing Address <u>1960 Chester Rd</u>		Description of Expenditure <u>Literature printing</u>		
City <u>Bedford</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18007</u>		

To Whom Paid <u>Lisa Walker</u>	MO. <u>10</u>	DAY <u>07</u>	YEAR <u>19</u>	Amount \$ <u>720⁵⁰</u>
Mailing Address <u>29 W Franklin St</u>		Description of Expenditure <u>reimburse for purchasing signs until donations campaign</u>		
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18102</u>		

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

PAGE TOTAL

\$ 1811 68

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <u>Friends of Joe Wolfman</u>	Reporting Period From <u>6-1-2019</u> To <u>10-21-19</u>
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To Whom Paid <u>Fast Signs</u>			MO. <u>10</u> DAY <u>08</u> YEAR <u>19</u>	Amount \$ <u>84.80</u>
Mailing Address <u>200 W 13th St</u>			Description of Expenditure <u>Sign frames</u>	
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18102</u>		
To Whom Paid <u>LCRC</u>			MO. <u>10</u> DAY <u>15</u> YEAR <u>19</u>	Amount \$ <u>300.00</u>
Mailing Address <u>121 W 2nd Blvd</u>			Description of Expenditure <u>mailers</u>	
City <u>Allentown</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18104</u>		
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 \$ <u>384.80</u>

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 <u>Friends of Joe Hoffman</u>	Reporting Period From <u>6-11-2019</u> To <u>12-21-19</u>
--	--

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-

Contributions

~~\$50 or~~ less than \$50⁰⁰

6-12-19

Jim Fock.

\$25⁰⁰

11045 N 26th St.

Allentown PA 18104

6-12-19

Ed White

\$100 test

~~9-24-19~~

~~W. Hymen~~

Transaction details

June 12, 2019 at 10:18:40 AM PDT

Transaction ID: 59F9411983963173B

Donation Received

Payment Status: Completed

Gross amount

\$1.00 USD

Mailing address

Edward White

1922 W Highland Street

ALLENTOWN, PA 18104

United States

610-432-0295

Unconfirmed

Order details	Quantity	Price	Subtotal
Joe Hoffman For Allentown City Council	1	\$1.00 USD	\$1.00 USD
		Purchase Total	\$1.00 USD

Payment details

Purchase Total	\$1.00 USD
Sales Tax	\$0.00 USD
Shipping Amount	\$0.00 USD
Handling Amount	\$0.00 USD
Insurance Amount	\$0.00 USD
Gross Amount	\$1.00 USD
PayPal Fee	-\$0.33 USD
Net Amount	\$0.67 USD

Paid by

Edward White

The sender of this payment is **Verified**
edwhitemagic@msn.com

Payment Sent to

joehoffmanforallentown2019@gmail.com

Note to Edward White

This is just a test donation.

Need help?

Go to the Resolution Center for help with this transaction, to settle a dispute or to open a claim.

Transaction details

June 17, 2019 at 10:37:02 AM PDT | Transaction ID: 75U36604DW4523301

Donation Received

Gross amount

Payment Status: Completed

\$100.00 USD

We have no postal address on file

Order details	Quantity	Price	Subtotal
Joe Hoffman For Allentown City Council	1	\$100.00 USD	\$100.00 USD
Purchase Total			\$100.00 USD

Payment details

Purchase Total	\$100.00 USD
Sales Tax	\$0.00 USD
Shipping Amount	\$0.00 USD
Handling Amount	\$0.00 USD
Insurance Amount	\$0.00 USD
Gross Amount	\$100.00 USD
PayPal Fee	-\$3.20 USD
Net Amount	\$96.80 USD

Paid by

Nat Hyman

The sender of this payment is **Unverified**

nat@hymangroup.com

Payment Sent to

joehoffmanforallentown2019@gmail.com

Need help?

Go to the Resolution Center for help with this transaction, to settle a dispute or to open a claim.

TIFFANY WHITE

ARTIST • YOGA INSTRUCTOR

Ⓜ <http://tiffanywhite12.wixsite.com/tiffany-art-design>
✉ twhite12@u.rochester.edu
☎ (610) - 739 - 1013

6-11-19
INVOICE NUMBER
000 - 0002

SERVICE/PRODUCT	PRICE	TOTAL
WEBSITE CREATION	\$ 220.00	\$220.00
• RESEARCH HOSTING OPTIONS		
• DESIGN & DEVELOPMENT (10 HR)		
• CUSTOMIZATION		
BUSINESS CARD DESIGN	\$ 30.00	\$ 30.00
• CARD DESIGN SERVICES		
• ORDERED & SHIPPED		

pd 622-19
ck 0001

TOTAL \$250.00 ✓

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

ALL AMERICA GRAPHICS LLC

1832 W. GREEN ST.
ALLENTOWN, PA 18104
610-437-9500

Invoice

Date	Invoice #
6/21/2019	22164

Bill To

FRIENDS OF JOE HOFFMAN
JOE HOFFMAN FOR ALLENTOWN CITY COUNCIL

Ship To

ED WHITE
610-739-3414

P.O. Number	Terms	Rep	Ship	Via	JOB NAME	
			6/21/2019	CUST PICK UP	JOE HOFFMAN FOR CITY COUNCIL	
Quantity	Item Code	Description			Price Each	Amount
10	G2000	GILDAN ULTRA COTTON ADULT T (2S,2M,4L,2XL)			6.90	69.00
2	G2000	GILDAN ULTRA COTTON ADULT T (XXL)			8.65	17.30
1	SCREEN CHARGE	SCREEN CHARGE			15.00	15.00
		SALES TAX			6.00%	0.00
					pd 6-22-19 0002	
					Total	\$101.30
					Payments/Credits	\$0.00
					Balance Due	\$101.30

Royal Graphic Studios
2001 W. Hamilton Street
Allentown, PA 18104
Ph. 610-435-7800 Fax 610-435-8101

Invoice

Bill To:

Joe Hoffman for City Council
c/o Edward White
610-739-3414

Date	Invoice No.	P.O. Number	Terms	Project
07/24/19	1719			

Item	Description	Quantity	Rate	Amount
-	3' x 3' Full-Color Banner - Typeset: Set file up for Banner Size	2	39.975	79.95T
-	3" x 3" Full-Color Labels - Typeset: Set file up for label size	432	0.27766	119.95T
	Sales Tax		0.00%	0.00
pd #102 7-29-19				
			Total	\$199.90

Invoice

ALL AMERICA GRAPHICS LLC

1832 W. GREEN ST.
ALLENTOWN, PA 18104
610-437-9500

Date

Invoice #

7/26/2019

22271

Bill To

FRIENDS OF JOE HOFFMAN
JOE HOFFMAN FOR ALLENTOWN CITY COUNCIL

Ship To

ED WHITE
610-739-3414

P.O. Number	Terms	Rep	Ship	Via	JOB NAME	
			7/26/2019	CUST PICK UP	JOE HOFFMAN FOR CITY COUNCIL	
Quantity	Item Code	Description			Price Each	Amount
10	G2000	GILDAN ULTRA COTTON ADULT T (2S,2M,4L,2XL)			6.90	69.00
2	G2000	GILDAN ULTRA COTTON ADULT T (XXL)			8.65	17.30
		SALES TAX			6.00%	0.00
<div>PAID CK. #103 7/30/19 jp</div>						
Total					\$86.30	
Payments/Credits					\$0.00	
Balance Due					\$86.30	

Information Supply Products

1960 Chester Rd
Bethlehem, PA 18017

Invoice

Date	Invoice #
9/19/2019	309

Bill To
JOE HOFFMAN CAMPAIGN ATTN MS. LISA WALKER 29 NORTH FRANKLIN ST. ALLENTOWN, PA 18102

Ship To
JOE HOFFMAN CAMPAIGN ATTN MS. LISA WALKER 29 NORTH FRANKLIN ST. ALLENTOWN, PA 18102

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
LISA WALKER			9/19/2019			

Quantity	Item Code	Description	Price Each	Amount
500	Supplies	MISC_PRINTING - CAMPAIGN FLYER -2 SIDED COLOR, 1000 PRINTS	0.30	150.00T
		Sales Tax	6.00%	9.00

9/19/2019

			Total	\$159.00
Phone #	Fax #			
610-865-9353				

Invoice:

71809

FASTSIGNS

700 N. 13th Street
Allentown, PA 18102
Phone 610.434.7353
Fax. 610.434.8014
Email: 219@fastsigns.com

Customer: **Lisa Walker**
Contact: Lisa Walker
Description: wire stakes
Sales Person: Judy Morgan
Clerk: Judy Morgan

ph: (610) 462-6856
cell: (610) 333-5689
Email: rwlw29@gmail.com

	Product	Qty	Sides	H x W	Unit Cost	Item Total
1	WIRE STK	* 100	1	30 x 10	\$0.80	\$80.00

Color: WIRE
Description: 10 IN. 2-prong wire stake

Payments Received (thank you)

<u>Date</u>	<u>Amount</u>	<u>Payment Method</u>	<u>Tracking Number</u>
10/8/2019 4:50:56PM	\$84.80	Credit Card	
Total Payments:	\$84.80		

Other Payments:

Shipping Notes: Form of Payment / Amount / Initials

Ordered: 10/8/2019 4:50:19PM
Due: 10/8/2019 4:00:00PM
Printed: 10/8/2019 4:51:04PM

Notes:

Line Item Total:	\$80.00
Subtotal:	\$80.00
Taxes:	\$4.80
Total:	\$84.80
Total Payments:	\$84.80
Balance Due:	\$0.00

ATTN: Lisa Walker
Lisa Walker
29 N Franklin St
Allentown, PA 18102

Payment due upon completion of order. 1.5%
Monthly Finance Charge applied to all outstanding
balances

Received/Accepted By:

/ /

More than fast. More than signs.®

Information Supply Products

1960 Chester Rd
Bethlehem, PA 18017

Packing Slip

Date	Invoice #
9/19/2019	369

In kind

<p>Ship To</p> <p>JOE HOFFMAN CAMPAIGN ATTN MS. LISA WALKER 29 NORTH FRANKLIN ST. ALLENTOWN, PA 18102</p>
--

P.O. No.	Ship	Via	FOB	Project
LISA WALKER	9/19/2019			

Quantity	Item Code	Description
500	Supplies	MISC_PRINTING - CAMPAIGN FLYER -2 SIDED COLOR, 1000 PRINTS Sales Tax
<p><i>8101072 1000 double \$159 value</i></p>		