CAMPAIGN FINANCE REPORT

PAGE 1 OF (COVER PAGE)

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

Filer Identificatio Number:			Report Filed By:	CANDIDATE	1,	COMMITTEE	13/1	OBBYIST	3.			
Name of Filling Comm	nittee, Candidate or Lobbyist	. m /4.	26/		1		1/ 4					
Street Address:												
City:	1 31 00	NU 2	1 831	State:		Zip Code:	2					
111	entoun			NH	Part I	18103-						
TYPE OF REPORT	8TH TUESDAY 1. PRE-PRIMARY	2ND FRIDA PRE-PRIMA	OTTO SECTION AND ADDRESS OF THE PARTY OF THE	O DAY OST PRIMARY	3.	AMENDMENT REPORT?	YES	NO				
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Summary of R	eceipts 🛌 📉	DAY YE	AR I	O. DAY YE	AR .	FOR C	FFICE US	E ONLY	(A17)54			
and Expenditur	es from:		To L	10 21 201	9							
	t Forward From Last Repo		\$ 6	1750								
	Contributions and Receipt		dule I) \$ 22									
	silable (Sum of Lines A ar	nd B)	\$ 28	2958								
	res (From Schedule III)		\$ 21	96,48								
AVER SHEET	ance (Subtract Line D fro		\$	3310								
	d Contributions Received			2000					- 1			
d. Onpaid Debts an	d Obligations (From Sche	dule IV)	\$ _	0 -								
PART I → If this is	a Committee report, tre	A easurer sign h	FFIDAVIT SECTI ere. If this is a	ON Candidate repo	ort, car	ndidate sign h	ere.					
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	it to the best of my knowled	ge and belief t	his political commi	ttee has not viola			he Act of	June 3, 193	(本語) 7			
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Member, Pennsylvania Association of Notaries

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Per	_						
Eciands of The Nortman	P1-16-01 07 P105-11							
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBUTOR						
TOTAL for the Reporting Period	\$ 2600							
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	B)							
Contributions Received from Political Committees (Part A)	\$ 12600							
All Other Contributions (Part B)		\$ 550						
TOTAL for the Reporting Period	TOTAL for the Reporting Period (2)							
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)								
Contributions Received from Political Committees (Part C)		\$						
All Other Contributions (Part D)		\$ 1500 00						
TOTAL for the Reporting Period	d (3)	\$ 1500						
	20 - 20							
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CI	HECKS, ETC	C. (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.)		3303 E						

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			F	Reporting		_
rockes of the fo	From 6-11-2019 To 10 21.19					
		A Commission of the Commission	E ALLA	DATE	Marie Albertano	AMOUNT
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Allentoum	Otate _	Zip Coden (Plus 4)	MO.	DAY	YEAR	\$
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Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
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Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
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	- MI 1970					PAGE TOTAL
Enter Grand Total of Part A on Sche	dule i,	Detailed Summary	/ Page,	Sectio	n 2.	\$ 171 00
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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.)

Friends of The Hoffman		From		P1.16-01 0T P1
THE REPLY OF ME KOTIMON	night Wile	DATE		AMOUNT
Full Name of Contributor Messery	MO	DAY	YEAR	\$ 1000
Mailing Address State Zip Code (Plus 4)		000		\$ 50 90
City Allen John State Zip Code (Plus 4)	MO	DAY	YEAR	\$
Full Name of Contributor	MO		YEAR	\$ 1000
Marring Address	МО	DAY	YEAR 19	\$ 5000
City Zip Code (Plus 4)	МО	DAY	YEAR	\$
Full Name of Contributor	Mo	DAY	YEAR	\$ 2500
Mailing Address	MO	DAY	YEAR	\$
City State Zip Code (Plus 4)	МО	DAY	YEAR	\$
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City State Zip Code (Plus 4)	мо.	DAY	YEAR	\$
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Enter Grand Total of Part B on Schedule I, Detailed Summa	ary Page	e, Section	n 2.	\$ 550

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.

Frenchs of the V	offences		From _		PILGUOT PI
	alteriale Auditorial Advantage		DATE	WU MENTERS THE	AMOUNT
Full Name of Contributing Committee		мо.	DAY	YEAR	\$
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8					\$
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Mailing Address		MO.	DAY	YEAR	\$
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Full Name of Contributing Committee		MO.	DAY	YEAR	\$
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City	Zip Code (Plus	4) MO.	DAY	YEAR	\$
Full Name of Contributing Committee		MO.	DAY	YEAR	
•				727.117	\$
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Full Name of Contributing Committee		MO.	DAY	YEAR	\$
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Enter Grand Total of Part C on Schedule	I, Detailed Sum	mary Page	, Section	n 3.	\$ _ () -

ALL OTHER CONTRIBUTIONS

PAGE ______ OF _____

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.)

Friends of the	LaC	Essa Cuc	ľ	From _		D1.16.01 ot
THINKS ST. CO.	deo 4.	MC4 /		DATE	71 - 5 - 5	AMOUNT
Full Name of Contributor C. LINCH Mailing Address			MO.	DAY	YEAR	\$ 200 <u>so</u>
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Full Name of Contributor			MO.	DAY	YEAR	\$ 50000
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Bo Concolo De	Tan	roya lt	18	727		
Full Name of Contributor		1	Mo.	DAY	YEAR	\$ 500
Mailing Address	21		MO.	DAY	YEAR	\$
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Employer Mailing Address/Principal Place of Business						
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Mailing Address			MO.	DAY:	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Employer Name			Occupat	ion		
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			Occupat	ion		
Employer Mailing Address/Principal Place of Business						
						DACE TOTAL

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

PAGE TOTAL LE

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.

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					-1 // 15/201	
Full Name						
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Enter Grand Total of Part E on School	lule i,	Detailed Summary	Page, S	Section	n 4.	\$_, \ -

SCHEDULE II

PAGE 8 OF 13

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	iod	
roignas of Sur hoffman	From (1)	1-19	P1-16-01-07
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$	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 \$25	50.00 (FROM	PART	F)
TOTAL for the Reporting Period	d (2)	\$	55900
The result frees, results of the High Company of the Company of th			
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.)		\$	55700

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Description of Contribution: Mo. Day Year \$ Mo. Day Year \$	Name of Filing Committee or Candidate				Reporting	Period		
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Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.	Description of Contribution:						Ψ	
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Summary Page, Section 2.	Enter Grand Total of Part E on Sahad	ule !!					PAGE	TOTAL
	Summary Page, Section 2.	ule II,	, in-kina Contributio	ons De	tailed	į	\$	55400

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			F	Reporting	Period	^
Farnes at Jar W	22c	man		From (111.2	P1.161 01 P10
Att he had been a second	The state of			DATE		AMOUNT
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	on	1	
Employer Mailing Address/Principal Place of Business	Ē		Descripti	ion of Cor	ntribution	
5 11 N				eminida		Name of the Association of the Control of the Contr
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	on		1 4
	P					
Employer Mailing Address/Principal Place of Business	1		Description	ion of Con	itribution	
Full Name of Contributor	1		MO.	DAY	YEAR	 \$
Mailing Address		7	MO.	DAY	YEAR	\$
City	State	7:= Code (Diss A)	1		107 A.B.	\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor		1	Occupatio	วก		J
Employer Mailing Address/Principal Place of Business		7	Description	on of Con	tribution	
	R. LINIS CO.					
Full Name of Contributor		,	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
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	3.0.0	Zip code ii ida s,	Mo.	DAY	YEAR	\$
Employer of Contributor			Occupation	in ,		
Employer Mailing Address/Principal Place of Business			Description	on of Cont	tribution	
					N.	
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	,n		
Employer Malling Address/Principal Place of Business			Description	on of Cont	bution	
					Troution	
Enter Grand Total of Part C on School	11	L. Kind Contains	D-	SHIP NO.	a Virginia de la constanta de	PAGE TOTAL
Enter Grand Total of Part G on Sched Summary Page, Section 3.	ule II,	In-Kina Contribut	ions Der	tailed	- 1	\$ - () -

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Essents of Doe Joffman	From (+11-201) To 10-21-19
MILLION OF WEAMON	
To Whom Paid	MO. DAY YEAR Amount @ 38
Tiffam White	MO. DAY YEAR AMOUNT S
Mailing Address	Description of Expenditure
Jd Strotter Strone	Website Bisness Cord
East Kin Otan W 1957	creation Website
To Whom Paid	MO. DAY YEAR Amount
Mailing Address	Description of Expenditure
1852 W (200m St	7-Shi 54
City Alloward Zip Code (Plus 4)	
To Whom Paid	MO. DAY YEAR Amount
Mailing Address	Description of Expanditure
20x1 (2) Handle	Barrers labell
City State Zip Code (Plus 4) All 2000 810	
To Whom Paid	MO: DAY YEAR Amount (1)
HII Hmerken Caphies	5 PG 19 \$ 86
Mailing Address	Description of Expenditure
City State Zip Code (Plus 4)	1. 28,643
Allantours Rt 18104	
To Whom Paid	MO. DAY YEAR Amount
LCICC	8 12 17 \$ 109
Mailing Address	Description of Expenditure Farcher
City State Zip Code (Plus 4)	16st Books
Allentour RA 1810	
To Whom Paid	MO. DAY YEAR Amount
Mailing Address	Description of Expenditure
2301 Highland St	sembised for picking
City State Zip Code (Plus 4)	service freeze
Allasam It Kicz	m Fair 05529
To Whom Paid	Mb. DAY YEAR Amount \$
Mailing Address	Description of Expenditure
19100 Chester Rd	literature Domini
Seahle see Zip Code (Plus 4)	9
To Whom Paid	MO. DAY YEAR Amount \$0
Mailing Address	Description of Expenditure
City State Zip Code (Plus 4)	remove for probability
	5 1 1 1
2018/ X	Dign's until Conations canon
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover	Page, Item D. \$ 181\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	0 C C		F	Reporting From	Period ·\\.20	P1-1601 OT P1
THINKINGS OF THE WASKY		STORE THE REAL PROPERTY.	CONTRACTOR OF THE PARTY OF THE		THE RESERVE TO SERVE	
To Whom Paid +CS+S>SONS			MO.	YAD 30	YEAR	Amount 84 80
Mailing Address	_		Descript	ion of Exp	/	mes
City Allertown	State	Zip Code (Plus 4)				
To Whom Paid			мо. 10	DAY	YEAR	Amount ST
Mailing Address			Descript	on of Exp	enditure	
Allantoun	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descript	lon of Exp	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO:	DAY	YEAR	Amount \$
Mailing Address			Descripti	ion of Exp	lenditure	
City	State	Zip Code (Plus 4)	-			
		 :				
To Whom Paid			MO:	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Exp	enditure	
City	State	Zip Code (Plus 4) —				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Expe	I enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO,	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Expe	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	PYEAR	Amount \$
Mailing Address			Descripti	on of Expe	enditure	
City	State	Zip Code (Plus 4)				
Enter Grand Total of Expenditures on Page	ge 1, I	Report Cover Pa	age, Ite	m D.		PAGE TOTAL SO \$ 28.4

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	2
Frends OF Jue Moffer	2000	Ì	From	0-11-2	P1.16 0 01 P10
				29-21-	
Name of Creditor			-31		Outstanding Balance of Debt
Mailing Address	DATE	1	DAY	Lyran	\$
	DEBT	MO.	DAT	YEAR	
City		State	Zip Code	(Plus 4)	
Description of Debt				*	
Name of Creditor		A, Stallington	ASSESSED FOR	-	Outstanding Balance of Debt
Mailing Address	I DATE				\$
No. 100	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	THEORNED	State	Zip Code	(Plus 4)	
\\			-		
Description of Debt					
Name of Creditor	_155			74-7 Y	Outstanding Balance of Debt
					\$
Mailing Address	DATE DEBT	Mo.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
			-	6	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
					\$
Mailing Address	DATE	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
			=		
Description of Debt	-				
Name of Creditor		_	=		
Name of Creditor		_			Outstanding Balance of Debt
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Divo 4)	
		State	-	(FIUS W)	
Description of Debt					Natural selections of the selection
Name of Creditor		rif-evy			
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY	YEAR	
	DEBT INCURRED				
City		State	Zip Code	(Plus 4)	
Description of Debt					
					PAGE TOTAL
Enter Grand Total of Unpaid Dabts on Page 1, Re	port Cover I	Page, I	tem G.		\$ 7-

Jim FCick. DIDYS 10 dCAN St. Allantown St 18104

store 53 10-12-19

12 Hyran.

Alco test

6-12-19

June 12, 2019 at 10:18:40 AM PDT | Transaction ID: 59F9411983963173B

Donation Received

Gross amount

Payment Status: Completed

\$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
	PER SECTION OF THE SE		Reservate sileven

					27.75		
Pay	m	en	t	de	rte	н	c

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.

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	17) C 1994 (1995)		
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 $oldsymbol{U}$	nverified		
	nat@hymangroup.com			
Payment Sent to	joehoffmanforallentown2019	@gmail.com		
Need help?				

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

(0-11-19 INVOICE NUMBER

000 - 0002

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

☑ twhite12@u.rochester.edu

(610) - 739 - 1013

SERVICE/PRODUCT	PRICE	TOTAL

WEBSITE CREATION	\$ 220.00	\$220.00
RESEARCH HOSTING OPTIONS		
DESIGN & DEVELOPMENT (10 HR) CUSTOMIZATION		
COSTOMIZATION		
BUSINESS CARD DESIGN	\$30.00	\$ 30.00

• CARD DESIGN SERVICES

ORDERED & SHIPPED

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		
	· C	

P.O. Number	Terms	Rep	Ship	Via		JOB NAME	
			6/21/2019	CUST PICK UP	JOE	HOFFMAN FOR CITY CO	DUNCIL
Quantity	Item Code		Des	cription		Price Each	Amount
10 2 1	G2000 G2000 SCREEN CHARGE	GILDAN	ULTRA COTTON ULTRA COTTON CHARGE	ADULT T (2S,2M,		6.90 8.65 15.00 6.00%	69.00 17.30 15.00 0.00

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

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
r.	3" x 3" Full-Color Labels - Typeset: Set file up for label size	432	0.27766	119.95T
	Sales Tax		0.00%	0.00
			*	
			8	
		2		
		19		
	6.501*			
	, , , ,			
	*			9
			Total	\$199.90

ALL AMERICA GRAPHICS LLC

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

Invoice

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 H	OFFMAN FOR CITY CO	DUNCIL
Quantity	Item Code	Description Price Each			Description Price Each		Amount
	G2000 G2000	GILDAN GILDAN SALES T	ULTRA COTTON AX	ADULT T (2S,2M,4) ADULT T (XXL)	L,2XL)	6.90 8.65 6.00%	69.0 17.3 0.0
					Total	•	\$86.30

lotai	\$86.30
Payments/Credits	\$0.00
Balance Due	\$86.30

Information Supply Products

Invoice

1960 Chester Rd Bethlehem, PA 18017

610-865-9353

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.C). Number		Terms	R	ер	Ship	Via	F	O.B.		Project	
LISA	WALKER	2				9/19/2019						
Qu	antity	Item C	ode	.,,,	Description Price Each Amount			nount				
		Supplies		MISC_PR COLOR, Sales Tax	.INTI	ING - CAMPAIGN PRINTS			My O	0.30 6.00%	An	150.00T 9.00
	Pho	ne#	Fa	ax #					Total	_		\$159.00

Invoice:

Page 1 of 1 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	HxW	Unit Cost	Item Total
1	WIRE STK	*	100	1	30 x 10	\$0.80	\$80.00

Color:

WIRE

Description: 10 IN. 2-pronge wire stake

Payments Received (thank you)

Date

10/8/2019 4:50:56PM

<u>Amount</u> \$84.80

Payment Method Credit Card

Tracking Number

Total Payments:

\$84.80

Other Payments:

Shipping Notes:

Notes:

Form of Payment / Amount / Initials

Ordered: Due:

10/8/2019 4:50:19PM

Printed:

10/8/2019 4:00:00PM

Line Item Total: Subtotal: Taxes: Total:

10/8/2019 4:51:04PM \$80.00 \$80.00

Total Payments:

\$84.80 \$84.80

\$4.80

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:

1	- /	

Information Supply Products

1960 Chester Rd Bethlehem, PA 18017

Packing Slip

Date	Invoice #	
9/19/2019	-इसक्र	

whire

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

Ship To

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

0 .::					
Quantity	Item Code		Description		
500 \$	Supplies	Sales Tax		N FLYER -2 SIDED COL	
				,	