



CITY OF READING, PENNSYLVANIA

LINDA A. KELLEHER
CITY CLERK

Recd 3/11/19 4pm
[Signature]

CITY COUNCIL
ROOM 2-24
815 WASHINGTON STREET
READING, PA 19601-3690
(610) 655-6204

SUPPLEMENTAL STATEMENT OF FINANCIAL INTEREST

INSTRUCTIONS: Please type or print legibly. This form supplements the Statement of Financial Interest form issued by the State Ethics Commission.

Goodman-Hinnerwhite Marcia

01	Last name	First name	Middle initial
	<i>564</i>	<i>S. 15th St</i>	<i>Reading PA 19602</i>
02	Residence Street Address	City	State Zip Code
	<i>City Council</i>	<i>610</i>	<i>-781-6527</i>
03	Position with the City of Reading	Area Code	Phone Number
	<i>564 S. 15th St</i>	<i>Reading PA</i>	<i>19602</i>
04	REAL ESTATE INTERESTS: List the address of any property in the City of Reading in which you, your spouse, or any member of your immediate family have any ownership interest.		

The undersigned hereby affirms that the foregoing information is true and correct to the best of said persons knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa. C.S.A. s4904 (unsworn falsifications to authorities).

Signature *Marcia Hinnerwhite* Date *3/11/19*

ALL statements of Financial Interest are available for public inspection and copying during regular office hours.

Revised 4/00

RECEIVED
3-11-19



STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX
GOODMANHINNERSHAITZ MARCIA

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
564 S. 15th St Reading PA 19602 610, 781-6529

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A Candidate (including write-in) B Nominee
C Public Official (Current) C Public Official (Former)
D Public Employee (Current) D Public Employee (Former)
E Check this block if you are filing as a solicitor

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held

A READING CITY COUNCIL DISTRICT 2 seeking hold held

B READING CITY COUNCIL DISTRICT 2

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A CITY OF READING

B CITY OF READING

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR SEE INSTRUCTIONS.
Social Worker/City Councilor Information in Blocks 8 -15 represents disclosure for the calendar year listed here: 2018

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box Interest Rate

Name: Address:

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block (OFFICIAL USE ONLY)

Name: Council on Chemical Abuse, Commonwealth of Pennsylvania, City of Reading Address: 601 Penn St, Reading PA, 615 Washington St Reading PA

11 GIFTS (See instructions on page 2) If NONE, check this box Value of Gift

Source of Gift Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box Value

Source (Name and Address) Stadt Reutlingen Rathaus, Reutlingen, DE 740.00

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box Position Held (i.e., officer, director, employee, etc.)

Business Entity (Name and Address) Foundation for Reading Parkade 93 Darbee Dr, Reading PA
Name: Reading Recreation Authority Treasurer Address: 320 S. 3rd St, Reading PA

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box Interest Held (i.e., 5%, 10%, etc.)

Name and Address of Business

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b)

Signature Marcia Goodman-Hinnershaitz Enter Current Date 3/11/19

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.