

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01	LAST NAME	FIRST NAME	MI	SUFFIX
	T H O M A S	A A R O N	A	

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone
 337 South 13th Street Reading PA 19602 (484) 243-0762

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) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor

B Nominee C Public Official (Former) D Public Employee (Former)

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 C O M M I T T E E M A N D E M O C R A T I C C I T Y

seeking hold held

B

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 C A N D I D A T E C I T Y C O U N C I L

B C I T Y C O M M I T T E E M A N

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR Indicate calendar year for which form is being filed. SEE INSTRUCTIONS.

Consultant 2015

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.

Name: Address: Interest Rate

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.

Name: Address: (OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value 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.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address) BY: Mark

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 Aaron A Thomas Enter Current Date 3-9-2015

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

City of Reading

Candidate Political Committee Form

The reporting of candidate political committees is required by the City of Reading Code of Ethics, Section 12 Campaign Contributions & Reporting Requirements. Section 12 describes the limitations placed on candidates and the reporting requirements of candidates. Section 12 also requires that the formation of a candidate political committee be reported to the City Clerk's office.

If you are unsure about the need to file the Candidate Political Committee Form, please contact the City Clerk's office at 610-655-6204. This form must be filed with the City Clerk's office upon its completion.

Name and Address of Committee: South Side Coalition 335 sunset rd
West Reading PA 19611

Name of Candidate: AARON A. THOMAS

Bank Account Information of Committee: VIST BANK 5200068664 (checking)

Treasurer's Name: OMIKA JOHNSON

Date Formed: 2-10-2015

Report Prepared By:

AARON A. THOMAS

Name: 3-17-2015

Date:

RECEIVED
MAR 23 2015

BY: mark

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE <input checked="" type="checkbox"/>		COMMITTEE <input type="checkbox"/>		LOBBYIST <input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Aaron Abraham Thomas									
STREET ADDRESS 337 South 13th Street									
CITY Reading			STATE PA			ZIP CODE 19602			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY	DATE OF ELECTION			
6TH TUESDAY PRE-PRIMARY	City Council			2	D	MO.	DAY	YEAR	
2ND FRIDAY PRE-PRIMARY						5	15	2015	
30 DAY POST-PRIMARY									
6TH TUESDAY PRE-ELECTION									
2ND FRIDAY PRE-ELECTION									
30 DAY POST-ELECTION									
ANNUAL REPORT									
DATES OF REPORTING PERIOD		NO.	DAY	YEAR	NO.	DAY	YEAR	FOR OFFICE USE ONLY	
		5	4	2015	5	8	2015	MAY 8 PM 2 14	
CASH BALANCE AT END OF REPORTING PERIOD:								RECEIVED	
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:								BERKS COUNTY ELECTION SERVICES	
AMENDMENT REPORT?	YES	NO							
TERMINATION REPORT?	YES	NO							

AFFIDAVIT SECTION

PART I-

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
If statement is filed on behalf of a Candidate, the Candidate must sign here.
If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL JOSELYN RIVERA Notary Public CITY OF READING, BERKS COUNTY My Commission Expires March 11, 2019		Signature of Aaron A. Thomas Aaron A. THOMAS PRINTED NAME	
MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.		484 _____ AREA CODE DAYTIME TELEPHONE NUMBER	

PART 11-

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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.

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20__

SIGNATURE

SIGNATURE OF CANDIDATE

PRINTED NAME

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

AREA CODE

DAYTIME TELEPHONE NUMBER

RECEIVED
 BERKS COUNTY
 ELECTION SERVICES
 MAY 8 2015
 8 PM 2 14

INSTRUCTIONS FOR FILING THE CAMPAIGN FINANCE STATEMENT

1. You may file this statement in lieu of a full report when the amount of contributions (including in-kind contributions) received, the amount of money expended and the liabilities incurred *each* did not exceed \$250.00 during the reporting period.
2. File this statement in the office where the nomination petitions, nomination certificate or nomination papers of the candidate(s) supported were filed.
3. A candidate must file a statement or report that is separate from one filed by her/his authorized committee.
4. Each statement shall be subscribed and sworn to by the candidate (if it is the candidate's personal report) or the treasurer of the political committee, acknowledging the accuracy of the report. In addition, those reports filed on behalf of a candidate's political committee, authorized by a candidate and created solely for the purpose of influencing an election on behalf of that candidate, shall be subscribed and sworn to by that candidate.
5. Reports must be filed according to the following schedule. For specific dates, consult the Election Calendar.

First report deadline: Cycle 1	Sixth Tuesday Pre-Primary. Reporting period closes 50 days prior to the election. (Required only by statewide candidates on the ballot and political committees supporting statewide candidates.)
Second report deadline: Cycle 2	Second Friday Pre-Primary. Reporting period closes 15 days prior to the election. (Required by all candidates on the ballot and committees supporting such candidates.)
Third report deadline: Cycle 3	30 days Post-Primary. Reporting period closes 20 days after the election. (Required by all candidates on the ballot and committees supporting such candidates.)
Fourth report deadline: Cycle 4	6th Tuesday Pre-Election. Reporting period closes 50 days prior to the election. (Required only by statewide candidates on the ballot and political committees supporting statewide candidates.)
Fifth report deadline: Cycle 5	2nd Friday Pre-Election. Reporting period closes 15 days prior to the election. (Required by all candidates on the ballot and committees supporting such candidates.)
Sixth report deadline: Cycle 6	30 days Post-Election. Reporting period closes 20 days after the election. (Required by all candidates on the ballot and committees supporting such candidates.)
Annual report deadline: Cycle 7	January 31 st of the following year. Statement must be complete as of December 31.

6. Political committees that are required to file pre-election reports are also required to file at all subsequent reporting deadlines for that election.
7. Retain copies of all records for a period of 3 years. Although no detailed campaign expense report is filed, you are required to keep a record of the names and addresses of each person from whom a contribution of over \$10.00 has been received and a record of all other information required to be reported pursuant to the Campaign Expense Reporting Law.

LATE FILING PENALTY

A penalty of \$10.00 for each day or part of the day (excluding Saturdays, Sundays and holidays) that the statement is overdue, plus an additional fee of \$10.00 for each of the first six days that a statement is overdue, will be assessed.

In addition, any candidate or treasurer of a political committee, or person acting as such treasurer, who shall fail to file an account of primary or election expenses, as required by the Law, shall be guilty of a misdemeanor and, upon conviction thereof, shall be sentenced to pay a fine not exceeding \$5,000 (five thousand dollars) or to undergo an imprisonment of not less than one (1) month nor more than two (2) years, or both, in the discretion of the court.

Further penalties are provided by law.

Postmarks are acceptable as proof of timely filing where report is sent by first class mail and postmarked by the United States Postal Service, no later than the day prior to the filing deadline.

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist <i>Southside Coalition</i>							
Street Address <i>335 Sunset RD.</i>							
City	<i>West Reading</i>	State	<i>PA</i>	Zip Code	<i>19611</i>		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Election (MM/DD/YYYY)		Year		Amendment Report		Termination Report		

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report	<i>5/4/15</i>	<i>5/8/15</i>	RECEIVED BERKS COUNTY ELECTION SERVICES 2015 MAY 8 PM 2 14
B. Total Monetary Contributions and Receipts (From Schedule I)		<i>\$ 375.00</i>	
C. Total Funds Available (Sum of Lines A and B)		<i>\$ 355.75</i>	
D. Total Expenditures (From Schedule III)		<i>\$ 170.36</i>	
E. Ending Cash Balance (Subtract Line D from Line C)		<i>\$ 185.39</i>	
F. Value of In-Kind Contributions Received (From Schedule II)		<i>\$ 1,815.04</i>	
G. Unpaid Debts and Obligations (From Schedule IV)		<i>\$ 0</i>	

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, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

day of 15 **COMMONWEALTH OF PENNSYLVANIA**
 NOTARIAL SEAL
JOSELYN RIVERA
 Notary Public
 CITY OF READING, BERKS COUNTY
 My Commission Expires Mar 11, 2019
 My Commission expires _____
 MO. DAY YR.

Omika L. Johnson
 Signature of Person Submitting report
Omika L. Johnson
 Printed Name
610 376-9969
 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.

Sworn to and subscribed before me this

day of 20 **COMMONWEALTH OF PENNSYLVANIA**
 NOTARIAL SEAL
JOSELYN RIVERA
 Notary Public
 CITY OF READING, BERKS COUNTY
 My Commission Expires Mar 11, 2019
 My Commission expires _____
 MO. DAY YR.

Aaron H. Thomas
 Signature of Candidate
Aaron H. Thomas
 Printed Name
484 243-0762
 Area Code Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$
<i>PA Citizens for Equality</i>	100.00
All Other Contributions (Part B)	\$
<i>Citizens for a Greater Reading</i>	250.00
Total for the reporting period (2)	\$ 350.00
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
Total for the reporting period (3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC (From Part E)	
Total for the reporting period (4)	\$ 250.00
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)	\$ 100.00

COMMISSIONER OF READING
 JOSELYN RIVERA
 Notary Public
 CITY OF READING, BERKS COUNTY
 My Commission Expires on 11/30/19

COMMISSIONER OF READING
 JOSELYN RIVERA
 Notary Public
 CITY OF READING, BERKS COUNTY
 My Commission Expires on 11/30/19

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.

Filer Identification Number						Amount	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
PA Citizens for Equality						04/22/2015	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
	346 South 5th St						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Reading	PA	19101					
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
Citizens for a Greater Reading						04/25/2015	250.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
	1716 Olive St. Rdg PA 19604						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Reading	PA	19604					
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to Itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

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.

Filer Identification Number:						
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State		Zip Code	Date [MM/DD/YYYY]	\$	

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number									
Full Name of Contributor						Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$			
City	State			Zip Code	Date [MM/DD/YYYY]	\$			
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor						Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$			
City	State			Zip Code	Date [MM/DD/YYYY]	\$			
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor						Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$			
City	State			Zip Code	Date [MM/DD/YYYY]	\$			
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor						Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$			
City	State			Zip Code	Date [MM/DD/YYYY]	\$			
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business									

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.

Filer Identification Number:	
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Full Name	Citizens for a Greater Reading						
House #	Street Address	1716 Oline St. Reading, PA 19604					
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Reading	PA	19604	05/04/2015		250.00		
Receipt Description	return check 4000 00 for contribution						

Goes
on
Expn
Line

Full Name						
House #	Street Address					
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Receipt Description						

Full Name						
House #	Street Address					
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Receipt Description						

Full Name						
House #	Street Address					
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Receipt Description						

Full Name						
House #	Street Address					
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Receipt Description						

Full Name						
House #	Street Address					
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Receipt Description						

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

Filer Identification Number	
-----------------------------	--

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	
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2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	365.09
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3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	1,409.95
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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)		\$	$1,409.95 + 365.09 = 1,805.04$
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SCHEDULE II
PART F

In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
------------------------------	--

Full Name of Contributor:	Joseph Reeres	Date [MM/DD/YYYY]	03/27/2015	\$	90.09
House #:	Street Address	Date [MM/DD/YYYY]		\$	
	428 Hazel St.				
City:	State:	Zip Code:	Date [MM/DD/YYYY]	\$	
Reading	PA	19601			
Description of Contribution:	500 Postcards front/back				

Full Name of Contributor:	Omika Johnson	Date [MM/DD/YYYY]	03/07/2015	\$	25.00
House #:	Street Address	Date [MM/DD/YYYY]		\$	
	552 S. 17th 1/2 St				
City:	State:	Zip Code:	Date [MM/DD/YYYY]	\$	
Reading	PA	19606			
Description of Contribution:	open business account				

Full Name of Contributor:	Afro-Latino Magazine	Date [MM/DD/YYYY]	05/01/2015	\$	250.00
House #:	Street Address	Date [MM/DD/YYYY]		\$	
	335 Sunset Rd.				
City:	State:	Zip Code:	Date [MM/DD/YYYY]	\$	
West Reading	PA	19601			
Description of Contribution:	ISSUE 226 + 227 advertisement				

Full Name of Contributor:		Date [MM/DD/YYYY]		\$	
House #:	Street Address	Date [MM/DD/YYYY]		\$	
City:	State:	Zip Code:	Date [MM/DD/YYYY]	\$	
Description of Contribution:					

Full Name of Contributor:		Date [MM/DD/YYYY]		\$	
House #:	Street Address	Date [MM/DD/YYYY]		\$	
City:	State:	Zip Code:	Date [MM/DD/YYYY]	\$	
Description of Contribution:					

SCHEDULE II
Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number	
-----------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]	\$
Citizens for Greater Reading					04-13-2015	1,499.95
House #	Street Address				Date [MM/DD/YYYY]	\$
	1716 Olive St					
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Reading	PA	19604				
Employer Name					Occupation	
Samuel C. Buchlewicz					Treasurer	
Employer Mailing Address / Principal Place of Business					Description of Contribution	
					Yard signs Dum Yards	
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Employer Name					Occupation	
Employer Mailing Address / Principal Place of Business					Description of Contribution	
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Employer Name					Occupation	
Employer Mailing Address / Principal Place of Business					Description of Contribution	
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Employer Name					Occupation	
Employer Mailing Address / Principal Place of Business					Description of Contribution	

SCHEDULE III

Statement of Expenditures

Filer Identification Number: _____

To Whom Paid	Staples	Date [MM/DD/YYYY]	3/27/2015	\$	90.09
House #	Street Address	Description of Expenditure			
City	State	Zip Code	500 Post cards WEB/BACK		
To Whom Paid	Turkey Hill	Date [MM/DD/YYYY]	4/30/2015	\$	7.00
House #	Street Address	Description of Expenditure			
City	State	Zip Code	Gas 8 miles Debate HHSO/0015		
To Whom Paid	Office Depot / Office Max	Date [MM/DD/YYYY]	3/31/2015	\$	6.89
House #	Street Address	Description of Expenditure			
City	State	Zip Code	Black & White Prints		
To Whom Paid	Office Depot / Office Max	Date [MM/DD/YYYY]	4-9-2015	\$	1.38
House #	Street Address	Description of Expenditure			
City	State	Zip Code	Black & White Prints		
To Whom Paid	PA Citizens for Equality	Date [MM/DD/YYYY]	05/05/2015	\$	25.00
House #	Street Address	Description of Expenditure			
City	State	Zip Code	Fund raiser Cineo DeMayo		
To Whom Paid	Democratic City Committee Treasurer	Date [MM/DD/YYYY]	05/08/2015	\$	40.00
House #	Street Address	Description of Expenditure			
City	State	Zip Code	Space Rental for posters		
To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address	Description of Expenditure			
City	State	Zip Code			
To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address	Description of Expenditure			
City	State	Zip Code			

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.

Filer Identification Number:						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State		Zip Code			
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State		Zip Code			
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State		Zip Code			
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State		Zip Code			
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State		Zip Code			
Description of Debt						