



# CITY OF READING, PENNSYLVANIA

LINDA A. KELLEHER  
CITY CLERK

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.**

01 Goodman-Hinnershitz Marcia   
Last name First name Middle initial

02 564 South 15th St Reading PA 19602  
Residence Street Address City State Zip Code

03 City Council 610 781-6527  
Position with the City of Reading Area Code Phone Number

04 564 South 15th St Reading PA 19602  
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 Goodman-Hinnershitz Date 2/17/15

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

Revised 4/00

received 2-17-15  
mak



# STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

GOODMAN HINNERSHITZ MARCIA

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone

564 S. 15th St Reading PA 19602 (610) 781-0295

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  Check this block if you are amending an original filing

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

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

A CITY COUNCILOR

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 CITY OF READING

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4)

Social Worker

07 YEAR Indicate calendar year for which form is being filed. SEE INSTRUCTIONS.

2014

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

564 S. 15th St, Reading, PA

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

Reading Royals Hockey

1235.00

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)

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 Hinnershitz*

Enter Current Date 2/17/15

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

*JL recd 3/10/15*

## 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: Friends of Marcia Goodman-Hinnerchitz  
564 S. 15th St., Reading, PA

Name of Candidate: Marcia Goodman-Hinnerchitz

Bank Account Information of Committee: Santander Bank, Reading, PA

Treasurer's Name: Richard W. Hinnerchitz

Date Formed: January 2003

Report Prepared By:

Marcia Goodman-Hinnerchitz

Name: 3/10/15

Date:

*LL read 3/10/15*

## **City of Reading**

### **Campaign Finance Disclosure Statement**

City of Reading Code of Ethics Section 12 Campaign Contributions & Reporting Requirements mandates that candidates submit a Campaign Disclosure Statement "whenever a Candidate, treasurer of a Candidate Political Committee, or other representative of a Candidate Political Committee files a required report of receipts and expenditures with the Berks County Board of Elections and/or Secretary of the Commonwealth as required by the Pennsylvania Election Code (25 P.S. §§3241, et seq.), or other applicable laws or regulations, such person shall at the same time file with the City Clerk, a copy of all information set forth in such report(s), in that format mandated by the Board of Ethics. Such filing with the City Clerk shall be accompanied by a written statement, signed by the person making the filing that subscribes and swears to the information set forth in such filing."

Please attach a copy of the Campaign Finance Disclosure Statement as submitted to the Berks County Board of Elections.

I verify that the information in this Campaign Finance Disclosure Statement and attached report of receipts and expenditures are true and correct.

Marcia Goodman-Hinderschlag  
Printed Name

Marcia Goodman-Hinderschlag  
Signature

3/10/15  
Date

**RECEIVED**  
MAR 11 2015

BY: mak

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 <i>Marcela Goodman-Hinnerbitt</i>									
STREET ADDRESS <i>564 S 15th St</i>									
CITY <i>Reading</i>		STATE <i>PA</i>	ZIP CODE <i>19602</i>						
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION					
				MO.	DAY	YEAR			
6TH TUESDAY PRE-PRIMARY	<i>Reading City Council</i>	<i>2</i>	<i>Dem</i>	<i>05</i>	<i>19</i>	<i>2015</i>			
2ND FRIDAY PRE-PRIMARY				FOR OFFICE USE ONLY					
30 DAY POST-PRIMARY				DATES OF REPORTING PERIOD					
6TH TUESDAY PRE-ELECTION				MO.	DAY	YEAR	MO.	DAY	YEAR
2ND FRIDAY PRE-ELECTION				<i>1</i>	<i>1</i>	<i>15</i>	<i>5</i>	<i>1</i>	<i>15</i>
30 DAY POST-ELECTION				CASH BALANCE AT END OF REPORTING PERIOD:		<i>\$ -220.00</i>			
ANNUAL REPORT				TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$			
	AMENDMENT REPORT?	YES	NO						
	TERMINATION REPORT?	YES	NO						

**RECEIVED**  
 MAY 06 2015  
 BY: *mak*

AFFIDAVIT SECTION

**PART 1-**

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.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

*6* DAY OF *May* 2015

*Marcela Goodman-Hinnerbitt*  
 SIGNATURE OF PERSON SUBMITTING REPORT

*Marcela Goodman-Hinnerbitt*  
 PRINTED NAME

*610* AREA CODE      *781-6527* DAYTIME TELEPHONE NUMBER

*[Signature]*  
 SIGNATURE

City of Reading, Berks County, PA  
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES  
 My Commission Expires April 17, 2016  
 Linda A. Kelleher, Notary Public

**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



SCHEDULE I  
**Contributions and Receipts**

Detailed Summary Page

<b>Filer Identification Number</b>	Friends of Marcia Goodman-Hinnershitz		
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period	(1)	\$	355.00
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	800.00
All Other Contributions (Part B)		\$	750.00
Total for the reporting period	(2)	\$	1550.00
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	0.00
All Other Contributions (Part D)		\$	2,000.00
Total for the reporting period	(3)	\$	2,000.00
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period	(4)	\$	0.00
Total Monetary Contributions and Receipts during this reporting period <i>(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>		\$	3905.00

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.

Filler Identification Number	Friends of Marcia Goodman-Hinnershitz
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							Amount	
Full Name of Contributing Committee		KDPF Political Action Committee			Date [MM/DD/YYYY]	\$	200.00	
					03/23/2015			
House #		Street Address	2640 West View Drive		Date [MM/DD/YYYY]	\$		
City	Wyomissing	State	PA	Zip Code	19610	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		Greater Reading PAC			Date [MM/DD/YYYY]	\$	250.00	
					04/29/2015			
House #		Street Address	19 Spring Lane		Date [MM/DD/YYYY]	\$		
City	Fleetwood	State	PA	Zip Code	19522	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		Friends of Judy Schwank			Date [MM/DD/YYYY]	\$	100.00	
					04/17/2015			
House #		Street Address	PO Box 12424		Date [MM/DD/YYYY]	\$		
City	Reading	State	PA	Zip Code	19612	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		R-BAR PAC			Date [MM/DD/YYYY]	\$	250.00	
					04/07/2015			
House #		Street Address	2201 Ridgewood Road, Suite 350		Date [MM/DD/YYYY]	\$		
City	Wyomissing	State	PA	Zip Code	19610	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.)

<b>Filer Identification Number:</b>	Friends of Marcia Goodman-Hinnershitz
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<b>Full Name of Contributor</b>		Thomas M. McMahon			<b>Date [MM/DD/YYYY]</b>	\$	200.00
					03/08/2015		
<b>House #</b>		<b>Street Address</b>	135 Washington Street, Apartment 501		<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Reading	<b>State</b>	PA	<b>Zip Code</b>	19601-4049	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>		Richard G. Horton			<b>Date [MM/DD/YYYY]</b>	\$	100.00
					02/28/2015		
<b>House #</b>		<b>Street Address</b>	10 Kern Road		<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Kutztown	<b>State</b>	PA	<b>Zip Code</b>	19530	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>		Beulah Fehr			<b>Date [MM/DD/YYYY]</b>	\$	250.00
					04/08/2015		
<b>House #</b>		<b>Street Address</b>	100 Bingaman Road		<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Reading	<b>State</b>	PA	<b>Zip Code</b>	19606	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>		Robin Edinger			<b>Date [MM/DD/YYYY]</b>	\$	100.00
					04/12/2015		
<b>House #</b>		<b>Street Address</b>	3 Baker Lane		<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Reading	<b>State</b>	PA	<b>Zip Code</b>	19606	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>		Karen L. Quinn			<b>Date [MM/DD/YYYY]</b>	\$	100.00
					04/12/2015		
<b>House #</b>		<b>Street Address</b>	1719 Ramich Road		<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Temple	<b>State</b>	PA	<b>Zip Code</b>	19605	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$

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:	Friends of Marcla Goodman-Hinnershtz
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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)

<b>Filer Identification Number:</b>	Friends of Marcia Goodman-Hinnershitz
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<b>Full Name of Contributor</b>		Jack D. Gulati			<b>Date [MM/DD/YYYY]</b>	\$	2000.00
					03/06/2015		
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
		27720 Mirna Isle Court					
<b>City</b>	Bonita Springs	<b>State</b>	FL	<b>Zip Code</b>	34134	<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>							
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>							
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>							
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>							

PART E

# Other Receipts

REFUNDS, INTREST 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:	Friends of Marcia Goodman-Hinnershitz
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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							
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:	Friends of Marcia Goodman-Hinnershitz
------------------------------	---------------------------------------

<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the reporting period	(1)	\$	30.00

<b>2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the reporting period	(2)	\$	0.00

<b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the reporting period	(3)	\$	474.05

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)		\$	504.05
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SCHEDULE II

PART F

**In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:	Friends of Marcia Goodman-Hinnershitz
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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]	\$

Description of Contribution: Boosts to Facebook posts for Friends of Marcia Goodman- Hinnershitz -6 boosts x \$5 boost

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:

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

<b>Filer Identification Number:</b>	Friends of Marcia Goodman-Hinnershitz
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<b>Full Name of Contributor</b>		Rita Rutter			<b>Date [MM/DD/YYYY]</b>	\$	474.05
					04/12/2015		
<b>House #</b>		<b>Street Address</b>	8 Sawgrass Drive			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>	Reading	<b>State</b>	PA	<b>Zip Code</b>	19606	<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>		Abigail's Vicotrian Tea Room			<b>Occupation</b>	Restaurant owner	
<b>Employer Mailing Address / Principal Place of Business</b>		1441 Perkiomen Avenue, Reading, PA 19602			<b>Description of Contribution</b>	19 High Tea Meals x \$24.95	
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		

SCHEDULE III  
Statement of Expenditures

Filter Identification Number:	Friends of Marcia Goodman-Hinnershitz
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To Whom Paid		Weikel's Sportswear Incorporated				Date [MM/DD/YYYY]	\$	509.44
						03/25/2015		
House #		Street Address	3100 St. Lawrence Avenue			Description of Expenditure Campaign signs		
City	Reading		State	PA		Zip Code	19606	
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		
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		
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:	Friends of Marcia Goodman-Hinnershitz
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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						

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