

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 POLITICAL COMMITTEE, CANDIDATE OR LOBBYIST <i>Marcia Goodman-Hinnerchitz</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 <input type="checkbox"/>				<i>11</i>	<i>3</i>	<i>2015</i>
2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>						
30 DAY POST-PRIMARY <input type="checkbox"/>						
6TH TUESDAY PRE-ELECTION <input type="checkbox"/>						
2ND FRIDAY PRE-ELECTION <input type="checkbox"/>						
30 DAY POST-ELECTION <input type="checkbox"/>						
ANNUAL REPORT <input checked="" type="checkbox"/>						

DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR _____ TO _____	CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>-222.00</i> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ _____	FOR OFFICE USE ONLY _____ _____ _____
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AMENDMENT REPORT?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
TERMINATION REPORT?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

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 1 DAY OF Jul 2016

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

Marcia Goodman-Hinnerchitz
 SIGNATURE OF PERSON SUBMITTING REPORT
 Marcia Goodman-Hinnerchitz
 PRINTED NAME
 610 781-6527
 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

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 AREA CODE _____ DAYTIME TELEPHONE NUMBER

2-1-16
 BY: *mak*