



Rec'd 6/18/15 [Signature]

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number, Report Filed By (Candidate, Committee, Lobbyist), Name of Filing Committee, Candidate or Lobbyist, Street Address, City, Reading, State, PA, Zip Code, 19601

Type of Report (Place x under report type)
1- 6th Tuesday Pre-Primary, 2- 2nd Friday Pre-Primary, 3- 30 Day Post Primary, 4- 6th Tuesday Pre-Election, 5- 2nd Friday Pre-Election, 6- 30 Day Post Election, 7- Annual, Special 2nd Friday Pre-Election, Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY), Year, Amendment Report, Termination Report

Summary of Receipts and Expenditures table with columns: From Date, To Date, For Office Use Only. Rows A-G: Amount Brought Forward, Total Monetary Contributions, Total Funds Available, Total Expenditures, Ending Cash Balance, Value of In-Kind Contributions, Unpaid Debts and Obligations.

Part I - If this is a Committee report, treasurer sign here. I swear (or affirm) that this report, including the attached schedules and exhibits is to the best of my knowledge and belief true, correct and complete. Sworn to and subscribed before me this 18th day of June 2015. Signature of Blat. My Commission expires 1 19 2016. Signature of Person Submitting report, Jeffrey S. Waltman. Printed Name, Jeffrey S. Waltman. Area Code 610, Daytime Telephone Number 451-9120.

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. Signature of Candidate, Printed Name, Area Code, Daytime Telephone Number.

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
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Total for the reporting period (1)	\$	
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
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Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
Total for the reporting period (2)	\$	

3. Contributions Over \$250.00 (From Part C and Part D)		
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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)		
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Total for the reporting period (4)	\$	
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>		\$

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

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

Full Name of Contributor Craig Stein	Date [MM/DD/YYYY] 05/10/2015	\$ 250
House # 400	Street Address Walmer Way	Date [MM/DD/YYYY] 05/10/2015
City Blue Bell	State PA	Zip Code 19422
Full Name of Contributor Ken Christian	Date [MM/DD/YYYY] 05/10/2015	\$ 200
House # 1417	Street Address Rose Virginia Road	Date [MM/DD/YYYY] 05/10/2015
City Reading	State PA	Zip Code 19611
Full Name of Contributor Angela Carmello	Date [MM/DD/YYYY] 05/15/2015	\$ 100
House # 138	Street Address Mexico Road	Date [MM/DD/YYYY] 05/15/2015
City Oley	State PA	Zip Code 19607
Full Name of Contributor	Date [MM/DD/YYYY]	\$
House #	Street Address	Date [MM/DD/YYYY]
City	State	Zip Code
Full Name of Contributor	Date [MM/DD/YYYY]	\$
House #	Street Address	Date [MM/DD/YYYY]
City	State	Zip Code
Full Name of Contributor	Date [MM/DD/YYYY]	\$
House #	Street Address	Date [MM/DD/YYYY]
City	State	Zip Code

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.

Employer Identification Number	
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Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$
Associated Builders and Contractors, Inc.					05/12/2015		500
House #	Street Address			Date [MM/DD/YYYY]		\$	
135	Shellyland Road						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Manhelm	PA	17545					
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:	
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Full Name of Contributor					Date [MM/DD/YYYY]		S	
Jeffrey S. Waltman, Sr.					05/15/2015			332.32
House #:	723	Street Address			Date [MM/DD/YYYY]		S	
		N. 4th Street						
City	Reading	State	PA	Zip Code	19601	Date [MM/DD/YYYY]		S
Employer Name					Occupation			
					Financial Advisor			
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]		S	
House #:		Street Address			Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]		S	
House #:		Street Address			Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]		S	
House #:		Street Address			Date [MM/DD/YYYY]		S	
City		State		Zip Code		Date [MM/DD/YYYY]		S
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								

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

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

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

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

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

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

Receipt Description					
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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

File Identification Number	
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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)	\$	
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3 IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	
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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)		\$	
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SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

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]	\$

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

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

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]	\$
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	
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		VistaPrint			Date [MM/DD/YYYY]	\$	582.98
					05/05/2015		
House #	95	Street Address	Hayden Avenue		Description of Expenditure		
City	Lexington	State	MA	Zip Code	02421 Postcard mailings		
To Whom Paid		Vistaprint			Date [MM/DD/YYYY]	\$	84.32
					05/05/2015		
House #	95	Street Address	Hayden Avenue		Description of Expenditure		
City	Lexington	State	MA	Zip Code	02421 Postcard mailings		
To Whom Paid		Vistaprint			Date [MM/DD/YYYY]	\$	593.82
					05/09/2015		
House #	95	Street Address	Hayden Avenue		Description of Expenditure		
City	Lexington	State	MA	Zip Code	02421 Postcard mailings		
To Whom Paid		WEEU Broadcasting			Date [MM/DD/YYYY]	\$	308
					05/13/2015		
House #	34	Street Address	N. 4th Street		Description of Expenditure		
City	Reading	State	PA	Zip Code	19601 Radio Ad		
To Whom Paid		Grill Then Chill Lounge			Date [MM/DD/YYYY]	\$	300
					05/15/2015		
House #	400	Street Address	Woodward Street		Description of Expenditure		
City	Reading	State	PA	Zip Code	19601 Food		
To Whom Paid		Mi Casa Su Casa			Date [MM/DD/YYYY]	\$	100
					05/15/2015		
House #	320	Street Address	Penn Street		Description of Expenditure		
City	Reading	State	PA	Zip Code	19602 Food		
To Whom Paid		Bennie Sims			Date [MM/DD/YYYY]	\$	800
					05/15/2015		
House #	2508	Street Address	Cromwell Drive		Description of Expenditure		
City	Reading	State	PA	Zip Code	19610 Entertainment		
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	
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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						