

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 type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Jim McHale						
Street Address		1512 Bern Street						
City	Reading	State	PA	Zip Code	19601			

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/03/2015	Year	2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

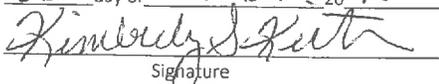
Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only					
	06/09/2015	10/19/2015						
A. Amount Brought Forward From Last Report	\$	0						
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0						
C. Total Funds Available (Sum of Lines A and B)	\$	0						
D. Total Expenditures (From Schedule III)	\$	0						
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0						
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0						
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0						

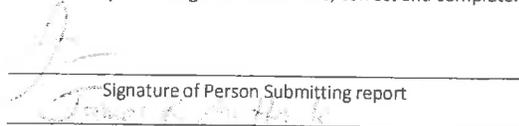
Affidavit Section

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

23rd day of October, 2015

 Signature


 Signature of Person Submitting report
 Printed Name

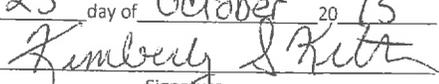
My Commission expires 11/29/2017
 MO. DAY YR.

484 967-7120
 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

23rd day of October, 2015

 Signature


 Signature of Candidate
 Printed Name

My Commission expires 11/29/2017
 MO. DAY YR.

484 967-7120
 Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 KIMBERLY S. KEITH, Notary Public
 Ontelaunee Twp., Berks County
 My Commission Expires November 29, 2017

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)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Jim McHale							
Street Address		1512 Bern Street							
City	Reading	State	PA	Zip Code	19604				

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/03/2015	Year	2015	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	06/09/2015	10/19/2015	
A. Amount Brought Forward From Last Report	\$	14,755	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	46,050	
C. Total Funds Available (Sum of Lines A and B)	\$	60,805	
D. Total Expenditures (From Schedule III)	\$	27,671	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	33,134	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	1,706	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	34,767	

Affidavit Section

Part 1- 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 true to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 23rd day of October 2015

Kimberly S. Keith
 Signature

Joseph P. Kelleher
 Signature of Person Submitting report

Printed Name: JOSEPH P. KELLEHER

My Commission expires 11/29/2017
 MO. DAY YR.

Area Code: 610 Daytime Telephone Number: 823-0282

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 23rd day of October 2015

Kimberly S. Keith
 Signature

Joe McHale
 Signature of Candidate

Printed Name: _____

My Commission expires 11/29/2017
 MO. DAY YR.

Area Code: 484 Daytime Telephone Number: 467-7120

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 KIMBERLY S. KEITH, Notary Public
 Ontelaunee Twp., Berks County
 My Commission Expires November 29, 2017

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	Friends of Jim McHale
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period	(1) \$ 654

2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 6,351
Total for the reporting period	(2) \$ 6,351

3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 7,600
All Other Contributions (Part D)	\$ 31,445
Total for the reporting period	(3) \$ 39,045

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period	(4) \$ 0
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>	
	\$ 46,050

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		Friends of Jim McHale					
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Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$	Amount
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]	\$			
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:		Friends of Jim McHale					
Full Name of Contributor		Jon C. Scott			Date [MM/DD/YYYY]	\$	100
House #	1754	Street Address	Reading Blvd.		Date [MM/DD/YYYY]	\$	
City	Wyomissing	State	PA	Zip Code	19610	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Richard C. Nelson			Date [MM/DD/YYYY]	\$	51
House #	46	Street Address	Fawn Lane		Date [MM/DD/YYYY]	\$	
City	Kennett Square	State	PA	Zip Code	19348	Date [MM/DD/YYYY]	\$
Full Name of Contributor		John R. Morahan			Date [MM/DD/YYYY]	\$	150
House #	3230	Street Address	Harwood Lane		Date [MM/DD/YYYY]	\$	
City	Sinking Spring	State	PA	Zip Code	19608	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Ken Plaupt			Date [MM/DD/YYYY]	\$	100
House #	1063	Street Address	Mahlow Drive		Date [MM/DD/YYYY]	\$	
City	Leesport	State	PA	Zip Code	19533	Date [MM/DD/YYYY]	\$
Full Name of Contributor		William C. Long			Date [MM/DD/YYYY]	\$	250
House #	137	Street Address	Overlook Road		Date [MM/DD/YYYY]	\$	
City	Morgantown	State	PA	Zip Code	19543	Date [MM/DD/YYYY]	\$
Full Name of Contributor		James A. Adams			Date [MM/DD/YYYY]	\$	100
House #	16	Street Address	Buck Run Road		Date [MM/DD/YYYY]	\$	
City	Reinholds	State	PA	Zip Code	17569	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:	Friends of Jim McHale
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Full Name of Contributor		Michael R. Molusky			Date [MM/DD/YYYY]	\$	200
House #	212	Street Address	Reichert Ave.		Date [MM/DD/YYYY]	\$	
City	Reading	State	PA	Zip Code	19605	Date [MM/DD/YYYY]	
Full Name of Contributor		Colleen and Richard Mable			Date [MM/DD/YYYY]	\$	250
House #	214	Street Address	Sanibel Lane		Date [MM/DD/YYYY]	\$	
City	Wyomissing	State	PA	Zip Code	19610	Date [MM/DD/YYYY]	
Full Name of Contributor		Dana M. Damato			Date [MM/DD/YYYY]	\$	100
House #	1218	Street Address	Luzerne St.		Date [MM/DD/YYYY]	\$	
City	Reading	State	PA	Zip Code	19601	Date [MM/DD/YYYY]	
Full Name of Contributor		Barbara J. Kline			Date [MM/DD/YYYY]	\$	250
House #	13	Street Address	Gaelsong Lane		Date [MM/DD/YYYY]	\$	
City	Wyomissing	State	PA	Zip Code	19610	Date [MM/DD/YYYY]	
Full Name of Contributor		John F. Fick Jr.			Date [MM/DD/YYYY]	\$	250
House #	315	Street Address	Hope Dr.		Date [MM/DD/YYYY]	\$	
City	Blandon	State	PA	Zip Code	19510	Date [MM/DD/YYYY]	
Full Name of Contributor		William M. McMahon, Jr.			Date [MM/DD/YYYY]	\$	250
House #	4824	Street Address	Briarwood Circle		Date [MM/DD/YYYY]	\$	
City	Reading	State	PA	Zip Code	19606	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:	Friends of Jim McHale
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Full Name of Contributor					Date [MM/DD/YYYY]	\$ 250
Stephen P. Willems					10/07/2015	
House #	229	Street Address	E. Walnut Street		Date [MM/DD/YYYY]	\$
City	Shillington	State	PA	Zip Code	19607	
Full Name of Contributor					Date [MM/DD/YYYY]	\$ 250
John T. Connelly					10/19/2015	
House #	34	Street Address	Buckingham Drive		Date [MM/DD/YYYY]	\$
City	Wyomissing	State	PA	Zip Code	1961	
Full Name of Contributor					Date [MM/DD/YYYY]	\$ 250
Thomas L. McDevitt					10/19/2015	
House #	2201	Street Address	Burkey Drive		Date [MM/DD/YYYY]	\$
City	Wyomissing	State	PA	Zip Code	19610	
Full Name of Contributor					Date [MM/DD/YYYY]	\$ 100
Steven J. Symons					10/19/2015	
House #	8	Street Address	Hidden Brookway		Date [MM/DD/YYYY]	\$
City	Sinking Spring	State	PA	Zip Code	19608	
Full Name of Contributor					Date [MM/DD/YYYY]	\$ 250
Donald C. Bristol					10/19/2015	
House #	1423	Street Address	Rise Virginia Road		Date [MM/DD/YYYY]	\$
City	Reading	State	PA	Zip Code	19611	
Full Name of Contributor					Date [MM/DD/YYYY]	\$ 100
Jeffrey R. Boyd					10/19/2015	
House #	2600	Street Address	W. Philadelphia Ave.		Date [MM/DD/YYYY]	\$
City	Oley	State	PA	Zip Code	19547	

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:	Friends of Jim McHale
-------------------------------------	-----------------------

Full Name of Contributor		John Belcher			Date [MM/DD/YYYY]	\$	100
House #	14388	Street Address	E. Fair Dr		Date [MM/DD/YYYY]	\$	
City	Aurora	State	PA	Zip Code	80016	Date [MM/DD/YYYY]	\$
Full Name of Contributor		William Bondi			Date [MM/DD/YYYY]	\$	100
House #	3940	Street Address	Landis Road		Date [MM/DD/YYYY]	\$	
City	Collegesville	State	PA	Zip Code	19146	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Tom Sheehan			Date [MM/DD/YYYY]	\$	100
House #	645	Street Address	Penn Street		Date [MM/DD/YYYY]	\$	
City	Reading	State	PA	Zip Code	19601	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Allen Adams			Date [MM/DD/YYYY]	\$	100
House #	14	Street Address	Meadowside Drive		Date [MM/DD/YYYY]	\$	
City	Douglasville	State	PA	Zip Code	19518	Date [MM/DD/YYYY]	\$
Full Name of Contributor		William Mann			Date [MM/DD/YYYY]	\$	100
House #		Street Address	P.O. Box 97		Date [MM/DD/YYYY]	\$	
City	Eastington	State	PA	Zip Code	18918	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Val Sarko			Date [MM/DD/YYYY]	\$	150
House #		Street Address	P.O. Box 15052		Date [MM/DD/YYYY]	\$	
City	Reading	State	PA	Zip Code	19612	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:		Friends of Jim McHale					
Full Name of Contributor		Rich Stump			Date [MM/DD/YYYY]	\$	250
House #	1037	Street Address	MacArthur Rd		Date [MM/DD/YYYY]	\$	
City	Reading	State	PA	Zip Code	19605	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Paul J. Prutzman			Date [MM/DD/YYYY]	\$	250
House #	1714	Street Address	Golf Road		Date [MM/DD/YYYY]	\$	
City	Reading	State	PA	Zip Code	19601	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Michael Polyak			Date [MM/DD/YYYY]	\$	100
House #	1557	Street Address	Argonne Road		Date [MM/DD/YYYY]	\$	
City	Reading	State	PA	Zip Code	19601	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Sangram Mohite			Date [MM/DD/YYYY]	\$	100
House #	117	Street Address	Bennington Road		Date [MM/DD/YYYY]	\$	
City	Phoenixville	State	PA	Zip Code	19460	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Kathleen Mendizabal			Date [MM/DD/YYYY]	\$	200
House #	11075	Street Address	Marin Street		Date [MM/DD/YYYY]	\$	
City	Coral Gables	State	FL	Zip Code	33156	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Bonnie MacDermotroe			Date [MM/DD/YYYY]	\$	250
House #	10	Street Address	Midbrook Lane		Date [MM/DD/YYYY]	\$	
City	Old Greenwich	State	CT	Zip Code	06870	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:	Friends of Jim McHale
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Full Name of Contributor		William Defalco			Date [MM/DD/YYYY]	\$	100
House #	308	Street Address	Hampton Drive		Date [MM/DD/YYYY]	\$	
City	Birdsboro	State	PA	Zip Code	19508	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Mark Christman			Date [MM/DD/YYYY]	\$	250
House #	3937	Street Address	N. Alabama Ave.		Date [MM/DD/YYYY]	\$	
City	Reading	State	PA	Zip Code	19605	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Thomas Chaves			Date [MM/DD/YYYY]	\$	100
House #	1001	Street Address	Kennedy Court		Date [MM/DD/YYYY]	\$	
City	Jeffersonville	State	PA	Zip Code	19403	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:		Friends of Jim McHale					
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Full Name of Contributing Committee		R-Bar PAC			Date [MM/DD/YYYY]	\$	5,000
House #	2201	Street Address			Ridgewood Rd. Ste. 350	Date [MM/DD/YYYY]	
City	Wyomissing	State	PA	Zip Code	19610	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		PA Future Fund			Date [MM/DD/YYYY]	\$	2,600
House #		Street Address			P.O. Box 6128	Date [MM/DD/YYYY]	
City	Harrisburg	State	PA	Zip Code	17112	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:	Friends of Jim McHale
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Full Name of Contributor				Alan Shuman		Date [MM/DD/YYYY]		\$	1,894
						07/06/2015			
House #	50	Street Address		N. 5TH ST. #5		Date [MM/DD/YYYY]		\$	
City	READING	State	PA	Zip Code	19601	Date [MM/DD/YYYY]		\$	
Employer Name				Shuman Development Group		Occupation		President	
Employer Mailing Address / Principal Place of Business				50 N. 5TH ST. #5, READING, PA 19601					
Full Name of Contributor				Dr. Jerome I. Marcus		Date [MM/DD/YYYY]		\$	2,551
						08/11/2015			
House #		Street Address		P.O. Box 6467		Date [MM/DD/YYYY]		\$	
City	Wyomissing	State	PA	Zip Code	19610	Date [MM/DD/YYYY]		\$	
Employer Name				Retired		Occupation		Retired	
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor				Kevin Silverang		Date [MM/DD/YYYY]		\$	500
						08/11/2015			
House #	242	Street Address		Waterloo Avenue		Date [MM/DD/YYYY]		\$	
City	Berwyn	State	PA	Zip Code	19312	Date [MM/DD/YYYY]		\$	
Employer Name				Silverang & Donohoe, LLC		Occupation		Attorney	
Employer Mailing Address / Principal Place of Business				595 LANCASTER AVE. #203, WAYNE, PA 19087					
Full Name of Contributor				Barry L. Schlouch		Date [MM/DD/YYYY]		\$	2,600
						08/11/2015			
House #	35	Street Address		Timberline Dr.		Date [MM/DD/YYYY]		\$	
City	Wyomissing	State	PA	Zip Code	19610	Date [MM/DD/YYYY]		\$	
Employer Name				Schlouch, Inc.		Occupation		President	
Employer Mailing Address / Principal Place of Business				132 EXCELSIOR DR., BLANDON, PA 19510					

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:	Friends of Jim McHale
-------------------------------------	-----------------------

Full Name of Contributor		Nicole J. Miller			Date [MM/DD/YYYY]	\$	2,600
					08/11/2015		
House #	2002	Street Address	Trooper Road			Date [MM/DD/YYYY]	\$
City	Reading	State	PA	Zip Code	19602	Date [MM/DD/YYYY]	\$
Employer Name					Occupation	Housewife	
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor		Peter Rye			Date [MM/DD/YYYY]	\$	1,000
					09/01/2015		
House #	1207	Street Address	Orchard Road			Date [MM/DD/YYYY]	\$
City	Reading	State	PA	Zip Code	19611	Date [MM/DD/YYYY]	\$
Employer Name					Occupation	President	
Employer Mailing Address / Principal Place of Business							
500 SPRING RIDGE DR., READING, PA 19610							
Full Name of Contributor		Claudia Silverang			Date [MM/DD/YYYY]	\$	500
					09/01/2015		
House #	242	Street Address	Waterloo Avenue			Date [MM/DD/YYYY]	\$
City	Berwyn	State	PA	Zip Code	19312	Date [MM/DD/YYYY]	\$
Employer Name					Occupation	Housewife	
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor		Gregory A. Sarangouliis			Date [MM/DD/YYYY]	\$	500
					09/03/2015		
House #	328	Street Address	Buttonwood Street			Date [MM/DD/YYYY]	\$
City	Reading	State	PA	Zip Code	19601	Date [MM/DD/YYYY]	\$
Employer Name					Occupation	President	
Employer Mailing Address / Principal Place of Business							
328 BUTTONWOOD ST., READING, PA 19601							

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:	Friends of Jim McHale
-------------------------------------	-----------------------

Full Name of Contributor		William H. Combs III			Date [MM/DD/YYYY]	\$	1,000
					09/03/2015		
House #	6	Street Address	High Road		Date [MM/DD/YYYY]	\$	
City	Wyomissing	State	PA	Zip Code	19610	Date [MM/DD/YYYY]	\$
Employer Name		Retired			Occupation	Retired	
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor		Heidi B. Masano			Date [MM/DD/YYYY]	\$	1,600
					09/16/2015		
House #	602	Street Address	Trent Avenue		Date [MM/DD/YYYY]	\$	
City	Wyomissing	State	PA	Zip Code	19610	Date [MM/DD/YYYY]	\$
Employer Name		Masano Bradley LLP			Occupation	Attorney	
Employer Mailing Address / Principal Place of Business		1100 BERKSHIRE BLVD., WYOMISSING, PA 19610					
Full Name of Contributor		Thomas J. Price			Date [MM/DD/YYYY]	\$	500
					09/16/2015		
House #	115	Street Address	Oak Lane		Date [MM/DD/YYYY]	\$	
City	Fleetwood	State	PA	Zip Code	19522	Date [MM/DD/YYYY]	\$
Employer Name		Herbein & Co., Inc.			Occupation	Partner	
Employer Mailing Address / Principal Place of Business		2763 CENTURY BLVD., READING, PA 19610					
Full Name of Contributor		William P. Gage			Date [MM/DD/YYYY]	\$	1,000
					09/16/2015		
House #	78	Street Address	Linree Avenue		Date [MM/DD/YYYY]	\$	
City	Reading	State	PA	Zip Code	19606	Date [MM/DD/YYYY]	\$
Employer Name		Gage Personnel			Occupation	President	
Employer Mailing Address / Principal Place of Business		101 N. 7 TH AVE., READING, PA 19611					

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:	Friends of Jim McHale
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Full Name of Contributor		Brian Hard			Date [MM/DD/YYYY]	\$	2,600
					09/16/2015		
House #	10	Street Address	Seven Springs Drive			Date [MM/DD/YYYY]	\$
City	Reading	State	PA	Zip Code	19607	Date [MM/DD/YYYY]	\$
Employer Name		Penske Truck Leasing			Occupation	Corp. Executive	
Employer Mailing Address / Principal Place of Business		255 RIVERFRONT DR., READING, PA 19601					
Full Name of Contributor		Chester Perfetto			Date [MM/DD/YYYY]	\$	500
					10/02/2015		
House #	1414	Street Address	Fieldstone Road			Date [MM/DD/YYYY]	\$
City	Sinking Spring	State	PA	Zip Code	19608	Date [MM/DD/YYYY]	\$
Employer Name		Chester Perfetto Agency Inc.			Occupation	President	
Employer Mailing Address / Principal Place of Business		40 COMMERCE DR., WYOMISSING, PA 19610					
Full Name of Contributor		Peter A. Knudsen			Date [MM/DD/YYYY]	\$	500
					10/02/2015		
House #	7207	Street Address	Villa Maria Lane			Date [MM/DD/YYYY]	\$
City	Austin	State	TX	Zip Code	78759	Date [MM/DD/YYYY]	\$
Employer Name		Self Employed			Occupation	Principal Investor	
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor		Kevin A. Moore Esq.			Date [MM/DD/YYYY]	\$	500
					10/02/2015		
House #	2755	Street Address	Century Boulevard			Date [MM/DD/YYYY]	\$
City	Wyomissing	State	PA	Zip Code	19610	Date [MM/DD/YYYY]	\$
Employer Name		Ridgewood Associates			Occupation	Partner	
Employer Mailing Address / Principal Place of Business		2755 Century Boulevard, Wyomissing, PA 19610					

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:	Friends of Jim McHale
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Full Name of Contributor		Marlin Miller, Jr.			Date [MM/DD/YYYY]	\$	1,000
House #	211	Street Address	N. Tulpehocken Rd.		Date [MM/DD/YYYY]	\$	
City	Reading	State	PA	Zip Code	19601	Date [MM/DD/YYYY]	\$
Employer Name		RETIRED			Occupation	RETIRED	
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor		Peter F. Giorgi			Date [MM/DD/YYYY]	\$	2,600
House #	1635	Street Address	Museum Rd.		Date [MM/DD/YYYY]	\$	
City	Wyomissing	State	PA	Zip Code	19610	Date [MM/DD/YYYY]	\$
Employer Name		GIORGIO FOODS INC.			Occupation	PRESIDENT	
Employer Mailing Address / Principal Place of Business							
1161 PARK RD., BLANDON, PA 19510							
Full Name of Contributor		Edward L. Stauffer			Date [MM/DD/YYYY]	\$	500
House #	316	Street Address	Oak Hill Lane		Date [MM/DD/YYYY]	\$	
City	Reading	State	PA	Zip Code	19610	Date [MM/DD/YYYY]	\$
Employer Name		RE/MAX OF READING			Occupation	REALTOR	
Employer Mailing Address / Principal Place of Business							
1290 BROADCASTING RD., WYOMISSING, PA 19610							
Full Name of Contributor		Craig E. Poole			Date [MM/DD/YYYY]	\$	1,000
House #	153	Street Address	Victoria Lane		Date [MM/DD/YYYY]	\$	
City	Wyomissing	State	PA	Zip Code	19610	Date [MM/DD/YYYY]	\$
Employer Name		DOUBLETREE HOTEL			Occupation	GENERAL MANAGER	
Employer Mailing Address / Principal Place of Business							
701 PENN ST., READING, PA 19602							

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:	Friends of Jim McHale
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Full Name of Contributor		Tom Nordhoy			Date [MM/DD/YYYY]	\$	500
					10/07/2015		
House #	112	Street Address	Antietam Trace		Date [MM/DD/YYYY]	\$	
City	Reading	State	PA	Zip Code	19606	Date [MM/DD/YYYY]	\$
Employer Name		STRATEGIC REPORTS INC.			Occupation	PRESIDENT	
Employer Mailing Address / Principal Place of Business		2645 PERKIOMEN AVE., READING, PA 19606					
Full Name of Contributor		Bill Bova			Date [MM/DD/YYYY]	\$	500
					10/07/2015		
House #	230	Street Address	State Street		Date [MM/DD/YYYY]	\$	
City	Harrisburg	State	PA	Zip Code	17101	Date [MM/DD/YYYY]	\$
Employer Name		Greenlee Partners, LLC			Occupation	Senior Associate	
Employer Mailing Address / Principal Place of Business		230 State Street, Harrisburg, PA 17101					
Full Name of Contributor		Dennis H. Lorah			Date [MM/DD/YYYY]	\$	1,000
					10/07/2015		
House #	120	Street Address	Leisure Court		Date [MM/DD/YYYY]	\$	
City	Wyomissing	State	PA	Zip Code	19610	Date [MM/DD/YYYY]	\$
Employer Name		Denny's Electric Service, Inc.			Occupation	Owner	
Employer Mailing Address / Principal Place of Business		4420 POTTSVILLE PIKE, READING, PA 19605					
Full Name of Contributor		John P. Weidenhammer			Date [MM/DD/YYYY]	\$	500
					10/07/2015		
House #	1200	Street Address	Old Mill Lane		Date [MM/DD/YYYY]	\$	
City	Wyomissing	State	PA	Zip Code	19610	Date [MM/DD/YYYY]	\$
Employer Name		WEIDENHAMMER SYSTEMS Co.			Occupation	PRESIDENT	
Employer Mailing Address / Principal Place of Business		935 BERKSHIRE BLVD., READING, PA 19610					

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:	Friends of Jim McHale
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Full Name of Contributor		Michael Fromm			Date [MM/DD/YYYY]	\$	500
					10/19/2015		
House #	2101	Street Address		Centre Ave.	Date [MM/DD/YYYY]	\$	
City	Reading	State	PA	Zip Code	19605	Date [MM/DD/YYYY]	\$
Employer Name		Fromm Electric			Occupation	Owner	
Employer Mailing Address / Principal Place of Business		3101 CENTRE AVE., READING, PA 19605					
Full Name of Contributor		James P. Cinelli			Date [MM/DD/YYYY]	\$	500
					10/19/2015		
House #	1704	Street Address		Cleveland Ave.	Date [MM/DD/YYYY]	\$	
City	Wyomissing	State	PA	Zip Code	19610	Date [MM/DD/YYYY]	\$
Employer Name		LIBERTY ENVIRONMENTAL INC			Occupation	PRESIDENT	
Employer Mailing Address / Principal Place of Business		50 N. 5 TH ST. HWY., READING, PA 19602					
Full Name of Contributor		Patrick J. Dolan			Date [MM/DD/YYYY]	\$	500
					10/19/2015		
House #	2153	Street Address		Queens Court	Date [MM/DD/YYYY]	\$	
City	Reading	State	PA	Zip Code	19606	Date [MM/DD/YYYY]	\$
Employer Name		DOLAN CONSTRUCTION INC.			Occupation		
Employer Mailing Address / Principal Place of Business		401 S. 13 TH ST., READING, PA 19602					
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 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:	Friends of Jim McHale
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Full Name of Contributor		Cindy Neel			Date [MM/DD/YYYY]	\$	500
					10/19/2015		
House #	152	Street Address	West Douglass Street			Date [MM/DD/YYYY]	\$
City	Reading	State	PA	Zip Code	19601	Date [MM/DD/YYYY]	\$
Employer Name		Odds Aint Even LLC			Occupation	General Manager	
Employer Mailing Address / Principal Place of Business		152 W. Douglass St. Reading PA 19601					
Full Name of Contributor		Robert Mattie			Date [MM/DD/YYYY]	\$	500
					07/27/2015		
House #	203	Street Address	Netherfield Lane			Date [MM/DD/YYYY]	\$
City	West Chester	State	PA	Zip Code	19380	Date [MM/DD/YYYY]	\$
Employer Name		GlaxoSmithKline			Occupation	Director, Acoustic Solutions	
Employer Mailing Address / Principal Place of Business		709 Swedeland Rd #1539 King of Prussia, PA 19406					
Full Name of Contributor		Brian Lineaweaver			Date [MM/DD/YYYY]	\$	500
					10/16/2015		
House #	93	Street Address	Dogwood Drive			Date [MM/DD/YYYY]	\$
City	Berndville	State	PA	Zip Code	19506	Date [MM/DD/YYYY]	\$
Employer Name		Brenntag North America, Inc			Occupation	Marketing Specialist	
Employer Mailing Address / Principal Place of Business		5083 Pottsville Pike, Reading PA 19605					
Full Name of Contributor		Linda BRANCIADORA			Date [MM/DD/YYYY]	\$	500
					06/12/2015		
House #	1018	Street Address	VICTORY CIRCLE			Date [MM/DD/YYYY]	\$
City	READING	State	PA	Zip Code	19605	Date [MM/DD/YYYY]	\$
Employer Name					Occupation	Retired	
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:	Friends of Jim McHale
------------------------------	-----------------------

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 Jim McHale
------------------------------	-----------------------

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

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

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 1,706

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)		\$ 1,706
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	Friends of Jim McHale
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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]	\$
Description of Contribution							

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

Filer Identification Number:	Friends of Jim McHale
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Full Name of Contributor					Jason Hook dba h2o kitchen		Date [MM/DD/YYYY]		\$	1,000
							04/27/2015			
House #	144	Street Address			Halsey Ave.		Date [MM/DD/YYYY]		\$	
City	West Lawn		State	PA	Zip Code	19609		Date [MM/DD/YYYY]		\$
Employer Name					h2o kitchen		Occupation		Owner	
Employer Mailing Address / Principal Place of Business					144 Halsey Ave., West Lawn, PA 19609		Description of Contribution		In-kind Contribution	
Full Name of Contributor					ALAN SHUMAN		Date [MM/DD/YYYY]		\$	705.90
							09/16/2015			
House #	50	Street Address			N. 5TH ST. #5		Date [MM/DD/YYYY]		\$	
City	READING		State	PA	Zip Code	19601		Date [MM/DD/YYYY]		\$
Employer Name					SHUMAN DEVELOPMENT GROUP		Occupation			
Employer Mailing Address / Principal Place of Business					50 N. 5TH ST. #5 READING, PA 19601		Description of Contribution		COCKTAIL RECEPTION AT ABRAHAM LINCOLN HOTEL	
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: Friends of Jim McHale

To Whom Paid		Red Maverick Media LLC			Date [MM/DD/YYYY]	\$	
House #	403	Street Address	N. Second Street, FL2		06/19/2015		1,272
City	Harrisburg	State	PA	Zip Code	17101	Description of Expenditure	
					Photo Shoot - Grip, Mileage & Parking Fee		
To Whom Paid		Red Maverick LLC			Date [MM/DD/YYYY]	\$	
House #	403	Street Address	N. Second Street, FL2		07/21/2015		1,775.5
City	Harrisburg	State	PA	Zip Code	17101	Description of Expenditure	
					Handout 4x4 cards - 10,000		
To Whom Paid		PAY PAL			Date [MM/DD/YYYY]	\$	
House #	2221	Street Address	N. First St.		09/30/2015		168
City	SAN JOSE	State	CA	Zip Code	95131	Description of Expenditure	
					PROCESSING FEES		
To Whom Paid		El Palo Magazine			Date [MM/DD/YYYY]	\$	
House #		Street Address	P.O. Box 564		10/06/2015		350
City	Reading	State	PA	Zip Code	19603	Description of Expenditure	
					ad in El Palo Magazine		
To Whom Paid		Jason Hook dba h2o kitchen			Date [MM/DD/YYYY]	\$	
House #	144	Street Address	Halsey Ave.		06/15/2015		5,200
City	West Lawn	State	PA	Zip Code	19609	Description of Expenditure	
					Catering for fundraising event 4-27-15		
To Whom Paid		Jim McHale			Date [MM/DD/YYYY]	\$	
House #	1512	Street Address	Bern Street		09/30/2015		334.72
City	Reading	State	PA	Zip Code	19604	Description of Expenditure	
					Office supplies		
To Whom Paid		L&W Group			Date [MM/DD/YYYY]	\$	
House #	97	Street Address	N. Main Street		09/03/2015		775.92
City	Spring City	State	PA	Zip Code	19468	Description of Expenditure	
					Invitations		
To Whom Paid		Melior Marketing, LLC			Date [MM/DD/YYYY]	\$	
House #	732	Street Address	Berne Rd.		07/06/2015		146.25
City	Hamburg	State	PA	Zip Code	19526	Description of Expenditure	
					Invitations (650)		

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number:	Friends of Jim McHale
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To Whom Paid	Service Access				Date [MM/DD/YYYY]	\$	970
House #	19	Street Address	North 6th Street		Description of Expenditure		
City	Reading	State	PA	Zip Code	19601	Rent	
To Whom Paid	Service Access				Date [MM/DD/YYYY]	\$	850
House #	19	Street Address	North 6th Street		Description of Expenditure		
City	Reading	State	PA	Zip Code	19601	Rent	
To Whom Paid	Service Access				Date [MM/DD/YYYY]	\$	1,090
House #	19	Street Address	North 6th Street		Description of Expenditure		
City	Reading	State	PA	Zip Code	19601	Rent	
To Whom Paid	Service Access				Date [MM/DD/YYYY]	\$	920
House #	19	Street Address	North 6th Street		Description of Expenditure		
City	Reading	State	PA	Zip Code	19601	Rent	
To Whom Paid	Scott Burger				Date [MM/DD/YYYY]	\$	2,000
House #	663	Street Address	Cross Hill Road		Description of Expenditure		
City	Royersford	State	PA	Zip Code	19468	Campaign Manager - Fee	
To Whom Paid	Scott Burger				Date [MM/DD/YYYY]	\$	188.84
House #	663	Street Address	Cross Hill Road		Description of Expenditure		
City	Royersford	State	PA	Zip Code	19468	Expense Reimbursement	
To Whom Paid	Scott Burger				Date [MM/DD/YYYY]	\$	2,000
House #	663	Street Address	Cross Hill Road		Description of Expenditure		
City	Royersford	State	PA	Zip Code	19468	Campaign Manager - Fee	
To Whom Paid	Scott Burger				Date [MM/DD/YYYY]	\$	4,161.99
House #	663	Street Address	Cross Hill Road		Description of Expenditure		
City	Royersford	State	PA	Zip Code	19468	Campaign Manager - Fee (4,000) & Exp Reimb (161.99)	

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	Friends of Jim McHale
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To Whom Paid		Service Access			Date [MM/DD/YYYY]		\$	
					06/09/2015		850	
House #	19	Street Address	North 6th Street			Description of Expenditure		
City	Reading	State	PA	Zip Code	19601	Rent		
To Whom Paid		Reading Republican Committee			Date [MM/DD/YYYY]		\$	
					06/16/2015		50	
House #	1238	Street Address	Linden Street			Description of Expenditure		
City	Reading	State	PA	Zip Code	19604	Poll Boards		
To Whom Paid		Maria Diesel			Date [MM/DD/YYYY]		\$	
					06/17/2015		1,467	
House #	1533	Street Address	Johnnys Way			Description of Expenditure		
City	West Chester	State	PA	Zip Code	19382	Consulting		
To Whom Paid		Corsa Communications			Date [MM/DD/YYYY]		\$	
					06/16/2015		700	
House #	1290	Street Address	Stack Road			Description of Expenditure		
City	Bethlehem	State	PA	Zip Code	18017	Set-up - postcards		
To Whom Paid		Paul Roedel			Date [MM/DD/YYYY]		\$	
					09/30/2015		2,400	
House #		Street Address				Description of Expenditure		
City		State		Zip Code		Refund - over contribution limit		
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 Jim McHale
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Name of Creditor		Red Maverick Media LLC				Outstanding Balance of Debt	
House #	403	Street Address	N. Second Street, FL2		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 31,065
City		Harrisburg	State	PA	Zip Code	17101	
Description of Debt		Invoices for direct mail production and postage					

Name of Creditor		Maria Diesel				Outstanding Balance of Debt	
House #	1533	Street Address	Johnnys Way		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 3,702.18
City		West Chester	State	PA	Zip Code	19382	
Description of Debt		Consulting					

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							