

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

Recd 10/22/15
[Signature]

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>Frankie Lee Graham Jr.</i>					
STREET ADDRESS <i>1502 Palm Street</i>					
CITY <i>Reading</i>		STATE <i>PA</i>	ZIP CODE <i>19604</i>		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
	<i>Mayor of Reading</i>			<i>N/A</i>	MO: <i>11</i> DAY: <i>3</i> YEAR: <i>2015</i>
6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY	
2ND FRIDAY PRE-PRIMARY	2.	NO. DAY YEAR	NO. DAY YEAR		
30 DAY POST-PRIMARY	3.	<i>06 09 2015</i>	<i>10 19 15</i>		
6TH TUESDAY PRE-ELECTION	4.	CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>0</i>			
2ND FRIDAY PRE-ELECTION	5. <input checked="" type="checkbox"/>	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0</i>			
30 DAY POST-ELECTION	6.	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
ANNUAL REPORT	7.	TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" 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
3rd DAY OF *October* 20*15*

Beverly A. Redan
SIGNATURE

MY COMMISSION EXPIRES *12 04 2016*
MO. DAY YR.

Frankie Lee Graham Jr.
SIGNATURE OF PERSON SUBMITTING REPORT

Frankie Lee Graham Jr.
PRINTED NAME

610 927-7816
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

PRINTED NAME

MY COMMISSION EXPIRES _____
MO. DAY YR.

AREA CODE

DAYTIME TELEPHONE NUMBER

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES
Beverly A. Levay, Notary Public
City of Reading, Berks County
My Commission Expires: Dec. 4, 2016

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	Committee	Lobbyist
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist <i>Graham for Reading</i>				
Street Address <i>1502 Palm Street</i>				
City	State	Zip Code		
<i>Reading</i>	<i>PA</i>	<i>19604</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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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			
<i>11/03/2013</i>		<i>2015</i>	<input type="checkbox"/>		<input type="checkbox"/>			

Summary of Receipts and Expenditures	From Date	To Date
	<i>06/09/2013</i>	<i>10/19/2015</i>
A. Amount Brought Forward From Last Report	\$	<i>0</i>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	<i>1,800</i>
C. Total Funds Available (Sum of Lines A and B)	\$	<i>1,800</i>
D. Total Expenditures (From Schedule III)	\$	<i>1,898.44</i>
E. Ending Cash Balance (Subtract Line D from Line C)	\$	<i>0</i>
F. Value of In-Kind Contributions Received (From Schedule II)	\$	<i>1,300</i>
G. Unpaid Debts and Obligations (From Schedule IV)	\$	<i>550</i>

For Office Use Only

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

23 day of *October* 20 *15*

Nyjae McCain
Signature

My Commission expires *5* *27* *18*
MO. DAY YR.

Peter M. Bennethum
Signature of Person Submitting report
PETER M. BENNETHUM
Printed Name

484 *388-9045*
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. 1338, NO 320) as amended.

Sworn to and subscribed before me this

23rd day of *October* 20 *15*

Berdy A. Hall
Signature

My Commission expires *12* *04* *2016*
MO. DAY YR.

Frankie Lee Graham
Signature of Candidate
Frankie Lee Graham
Printed Name

610 *927-7816*
Area Code Daytime Telephone Number

Commonwealth of Pennsylvania

NOTARIAL SEAL

Nyjae McCain, Notary Public
Cumru Township, Berks County
My Commission Expires May 27, 2018

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES
Notarial Seal
Berdy A. Hall, Notary Public
City of Reading, Berks County
My Commission Expires Dec. 4, 2016

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number		
1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 0
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)		\$ 300
Total for the reporting period	(2)	\$ 300
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ 0
All Other Contributions (Part D)		\$ 1,500
Total for the reporting period	(3)	\$ 1,500
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>		\$ 1,800

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	
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											Amount			
Full Name of Contributing Committee										N/A		Date [MM/DD/YYYY]	\$	0
												N/A		
House #	0		Street Address			N/A					Date [MM/DD/YYYY]	\$	0	
												N/A		
City	N/A		State	NA		Zip Code	N/A				Date [MM/DD/YYYY]	\$	0	
												N/A		
Full Name of Contributing Committee										N/A		Date [MM/DD/YYYY]	\$	0
												N/A		
House #	0		Street Address			N/A					Date [MM/DD/YYYY]	\$	0	
												N/A		
City	N/A		State	NA		Zip Code	N/A				Date [MM/DD/YYYY]	\$	0	
												N/A		
Full Name of Contributing Committee										N/A		Date [MM/DD/YYYY]	\$	0
												N/A		
House #	0		Street Address			N/A					Date [MM/DD/YYYY]	\$	0	
												N/A		
City	N/A		State	NA		Zip Code	N/A				Date [MM/DD/YYYY]	\$	0	
												N/A		
Full Name of Contributing Committee										N/A		Date [MM/DD/YYYY]	\$	0
												N/A		
House #	0		Street Address			N/A					Date [MM/DD/YYYY]	\$	0	
												N/A		
City	N/A		State	NA		Zip Code	N/A				Date [MM/DD/YYYY]	\$	0	
												N/A		
Full Name of Contributing Committee										N/A		Date [MM/DD/YYYY]	\$	0
												N/A		
House #	0		Street Address			N/A					Date [MM/DD/YYYY]	\$	0	
												N/A		
City	N/A		State	NA		Zip Code	N/A				Date [MM/DD/YYYY]	\$	0	
												N/A		
Full Name of Contributing Committee										N/A		Date [MM/DD/YYYY]	\$	0
												N/A		
House #	0		Street Address			N/A					Date [MM/DD/YYYY]	\$	0	
												N/A		
City	N/A		State	NA		Zip Code	N/A				Date [MM/DD/YYYY]	\$	0	
												N/A		

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					DR. JOHN C. DETHOFF		Date [MM/DD/YYYY]	\$	
							09/07/2015		250
House #	1512	Street Address	NORTH 15TH STREET			Date [MM/DD/YYYY]	\$		
							N/A		0
City	READING	State	PA	Zip Code	19604	Date [MM/DD/YYYY]	\$		
							N/A		0
Full Name of Contributor					LORI MIECZKOWSKI		Date [MM/DD/YYYY]	\$	
							10/13/2015		50
House #	65	Street Address	FURNANCE STREET			Date [MM/DD/YYYY]	\$		
							N/A		0
City	ROBESONIA	State	PA	Zip Code	19551	Date [MM/DD/YYYY]	\$		
							N/A		0
Full Name of Contributor					N/A		Date [MM/DD/YYYY]	\$	
							N/A		0
House #	0	Street Address	N/A			Date [MM/DD/YYYY]	\$		
							N/A		0
City	N/A	State	NA	Zip Code	N/A	Date [MM/DD/YYYY]	\$		
							N/A		0
Full Name of Contributor					N/A		Date [MM/DD/YYYY]	\$	
							N/A		0
House #	0	Street Address	N/A			Date [MM/DD/YYYY]	\$		
							N/A		0
City	N/A	State	NA	Zip Code	N/A	Date [MM/DD/YYYY]	\$		
							N/A		0
Full Name of Contributor					N/A		Date [MM/DD/YYYY]	\$	
							N/A		0
House #	0	Street Address	N/A			Date [MM/DD/YYYY]	\$		
							N/A		0
City	N/A	State	NA	Zip Code	N/A	Date [MM/DD/YYYY]	\$		
							N/A		0
Full Name of Contributor					N/A		Date [MM/DD/YYYY]	\$	
							N/A		0
House #	0	Street Address	N/A			Date [MM/DD/YYYY]	\$		
							N/A		0
City	N/A	State	NA	Zip Code	N/A	Date [MM/DD/YYYY]	\$		
							N/A		0

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:	
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Full Name of Contributing Committee		N/A				Date [MM/DD/YYYY]	\$	
						N/A		0
House #	0	Street Address		N/A		Date [MM/DD/YYYY]	\$	
						N/A		0
City	N/A		State	NA	Zip Code	N/A	Date [MM/DD/YYYY]	\$
						N/A		0
Full Name of Contributing Committee		N/A				Date [MM/DD/YYYY]	\$	
						N/A		0
House #	0	Street Address		N/A		Date [MM/DD/YYYY]	\$	
						N/A		0
City	N/A		State	NA	Zip Code	N/A	Date [MM/DD/YYYY]	\$
						N/A		0
Full Name of Contributing Committee		N/A				Date [MM/DD/YYYY]	\$	
						N/A		0
House #	0	Street Address		N/A		Date [MM/DD/YYYY]	\$	
						N/A		0
City	N/A		State	NA	Zip Code	N/A	Date [MM/DD/YYYY]	\$
						N/A		0
Full Name of Contributing Committee		N/A				Date [MM/DD/YYYY]	\$	
						N/A		0
House #	0	Street Address		N/A		Date [MM/DD/YYYY]	\$	
						N/A		0
City	N/A		State	NA	Zip Code	N/A	Date [MM/DD/YYYY]	\$
						N/A		0
Full Name of Contributing Committee		N/A				Date [MM/DD/YYYY]	\$	
						N/A		0
House #	0	Street Address		N/A		Date [MM/DD/YYYY]	\$	
						N/A		0
City	N/A		State	NA	Zip Code	N/A	Date [MM/DD/YYYY]	\$
						N/A		0
Full Name of Contributing Committee		N/A				Date [MM/DD/YYYY]	\$	
						N/A		0
House #	0	Street Address		N/A		Date [MM/DD/YYYY]	\$	
						N/A		0
City	N/A		State	NA	Zip Code	N/A	Date [MM/DD/YYYY]	\$
						N/A		0

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					PETER M. BENNETHUM		Date [MM/DD/YYYY]		\$	1,000	
							07/19/2015				
House #	1641	Street Address			SHERWOOD ROAD			Date [MM/DD/YYYY]		\$	0
							N/A				
City	WYOMISSING	State	PA	Zip Code	19610		Date [MM/DD/YYYY]		\$	0	
						N/A					
Employer Name			BENNETHUM PETE'S				Occupation		WAR ANTIQUE SALESMAN		
Employer Mailing Address / Principal Place of Business			1641 SHERWOOD ROAD, WYOMISSING, PA 19610								
Full Name of Contributor					FRANKIE LEE GRAHAM SR		Date [MM/DD/YYYY]		\$	500	
							09/14/2015				
House #	1502	Street Address			PALM STREET			Date [MM/DD/YYYY]		\$	0
							N/A				
City	READING	State	PA	Zip Code	19604		Date [MM/DD/YYYY]		\$	0	
						N/A					
Employer Name			BRUSH WELLMAN				Occupation				
Employer Mailing Address / Principal Place of Business			SHOEMAKERSVILLE ROAD, SHOEMAKERSVILLE, PA 19555								
Full Name of Contributor					N/A		Date [MM/DD/YYYY]		\$	0	
							N/A				
House #	0	Street Address			N/A			Date [MM/DD/YYYY]		\$	0
							N/A				
City	N/A	State	NA	Zip Code	N/A		Date [MM/DD/YYYY]		\$	0	
						N/A					
Employer Name			N/A				Occupation		N/A		
Employer Mailing Address / Principal Place of Business			N/A								
Full Name of Contributor					N/A		Date [MM/DD/YYYY]		\$	0	
							N/A				
House #	0	Street Address			N/A			Date [MM/DD/YYYY]		\$	0
							N/A				
City	N/A	State	NA	Zip Code	N/A		Date [MM/DD/YYYY]		\$	0	
						N/A					
Employer Name			N/A				Occupation		N/A		
Employer Mailing Address / Principal Place of Business			N/A								

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		N/A											
House #	0	Street Address		N/A									
City		N/A			State	NA		Zip Code	N/A		Date [MM/DD/YYYY]	\$	0
Receipt Description		N/A											
Full Name		N/A											
House #	0	Street Address		N/A									
City		N/A			State	NA		Zip Code	N/A		Date [MM/DD/YYYY]	\$	0
Receipt Description		N/A											
Full Name		N/A											
House #	0	Street Address		N/A									
City		N/A			State	NA		Zip Code	N/A		Date [MM/DD/YYYY]	\$	0
Receipt Description		N/A											
Full Name		N/A											
House #	0	Street Address		N/A									
City		N/A			State	NA		Zip Code	N/A		Date [MM/DD/YYYY]	\$	0
Receipt Description		N/A											
Full Name		N/A											
House #	0	Street Address		N/A									
City		N/A			State	NA		Zip Code	N/A		Date [MM/DD/YYYY]	\$	0
Receipt Description		N/A											
Full Name		N/A											
House #	0	Street Address		N/A									
City		N/A			State	NA		Zip Code	N/A		Date [MM/DD/YYYY]	\$	0
Receipt Description		N/A											
Full Name		N/A											
House #	0	Street Address		N/A									
City		N/A			State	NA		Zip Code	N/A		Date [MM/DD/YYYY]	\$	0
Receipt Description		N/A											

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:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 1,500

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)		\$ 1,500
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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		N/A		Date [MM/DD/YYYY]		\$	
				N/A			0
House #	0	Street Address	N/A		Date [MM/DD/YYYY]	\$	
				N/A			0
City	N/A		State	NA	Zip Code	N/A	
						\$	0
Description of Contribution			N/A				

Full Name of Contributor		N/A		Date [MM/DD/YYYY]		\$	
				N/A			0
House #	0	Street Address	N/A		Date [MM/DD/YYYY]	\$	
				N/A			0
City	N/A		State	NA	Zip Code	N/A	
						\$	0
Description of Contribution			N/A				

Full Name of Contributor		N/A		Date [MM/DD/YYYY]		\$	
				N/A			0
House #	0	Street Address	N/A		Date [MM/DD/YYYY]	\$	
				N/A			0
City	N/A		State	NA	Zip Code	N/A	
						\$	0
Description of Contribution			N/A				

Full Name of Contributor		N/A		Date [MM/DD/YYYY]		\$	
				N/A			0
House #	0	Street Address	N/A		Date [MM/DD/YYYY]	\$	
				N/A			0
City	N/A		State	NA	Zip Code	N/A	
						\$	0
Description of Contribution			N/A				

Full Name of Contributor		N/A		Date [MM/DD/YYYY]		\$	
				N/A			0
House #	0	Street Address	N/A		Date [MM/DD/YYYY]	\$	
				N/A			0
City	N/A		State	NA	Zip Code	N/A	
						\$	0
Description of Contribution							

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

Filer Identification Number:	
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Full Name of Contributor		MY HOANG TRUC NGUYEN (SPOUSE)				Date [MM/DD/YYYY]		\$	
						09/01/2015		1,500	
House #	1502	Street Address		PALM STREET		Date [MM/DD/YYYY]		\$	
						N/A		0	
City	READING	State	NA	Zip Code	N/A	Date [MM/DD/YYYY]		\$	
						N/A		0	
Employer Name		WELLS FARGO				Occupation		PERSONAL BANKER 2	
Employer Mailing Address / Principal Place of Business		613 CUSHMAN STREET, FAIRBANKS, AK 99701				Description of Contribution		Rack & Business Cards, Posters	
Full Name of Contributor		N/A				Date [MM/DD/YYYY]		\$	
						N/A		0	
House #	0	Street Address		N/A		Date [MM/DD/YYYY]		\$	
						N/A		0	
City	N/A	State	N/	Zip Code	N/A	Date [MM/DD/YYYY]		\$	
						N/A		0	
Employer Name		N/A				Occupation		N/A	
Employer Mailing Address / Principal Place of Business		N/A				Description of Contribution		N/A	
Full Name of Contributor		N/A				Date [MM/DD/YYYY]		\$	
						N/A		0	
House #	0	Street Address		N/A		Date [MM/DD/YYYY]		\$	
						N/A		0	
City	N/A	State	NA	Zip Code	N/A	Date [MM/DD/YYYY]		\$	
						N/A		0	
Employer Name		N/A				Occupation		N/A	
Employer Mailing Address / Principal Place of Business		N/A				Description of Contribution		N/A	
Full Name of Contributor		N/A				Date [MM/DD/YYYY]		\$	
						N/A		0	
House #	0	Street Address		N/A		Date [MM/DD/YYYY]		\$	
						N/A		0	
City	N/A	State	NA	Zip Code	N/A	Date [MM/DD/YYYY]		\$	
						N/A		0	
Employer Name		N/A				Occupation		N/A	
Employer Mailing Address / Principal Place of Business		N/A				Description of Contribution		N/A	

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		THE INN AT CENTRE PARK				Date [MM/DD/YYYY]	\$	212
						09/14/2015		
House #	730	Street Address	CENTRE AVENUE			Description of Expenditure		
City	READING	State	PA	Zip Code	19601	MEET & GREET (SPACE RENTAL)		
To Whom Paid		WEIS MARKET				Date [MM/DD/YYYY]	\$	16.72
						09/10/2015		
House #	2020	Street Address	NORTH 13TH STREET			Description of Expenditure		
City	READING	State	PA	Zip Code	19604	STAFF LUNCH MATERIALS		
To Whom Paid		MI CASA SU CASA				Date [MM/DD/YYYY]	\$	100
						09/10/2015		
House #	320	Street Address	PENN STREET			Description of Expenditure		
City	READING	State	PA	Zip Code	19602	MEET & GREET (SPACE RENTAL)		
To Whom Paid		PAWN PLUS				Date [MM/DD/YYYY]	\$	264.95
						09/09/2015		
House #	440	Street Address	LANCASTER AVENUE			Description of Expenditure		
City	READING	State	PA	Zip Code	19611	SPEAKER SYSTEM FOR MEET & GREET		
To Whom Paid		OFFICE MAX				Date [MM/DD/YYYY]	\$	144.16
						09/08/2015		
House #	3215	Street Address	NORTH 5TH STREET HIGHWAY			Description of Expenditure		
City	READING	State	PA	Zip Code	19605	OFFICE SUPPLIES		
To Whom Paid		VISTA PRINT				Date [MM/DD/YYYY]	\$	1,127.97
						06/29/2015		
House #	0	Street Address	WWW.VISTAPRINT.COM			Description of Expenditure		
City	N/A	State	NA	Zip Code	N/A	CAMPAIGN RACK CARDS, BUSINESS CARDS & T-SHIRTS		
To Whom Paid		BERKS COUNTY ELECTION SERVICES				Date [MM/DD/YYYY]	\$	30.25
						07/20/2015		
House #	633	Street Address	COURT STREET			Description of Expenditure		
City	READING	State	PA	Zip Code	19601	FILING FEE, NOTARY , COPY OF FORM FOR CITY CLERK		
To Whom Paid		BERKS COUNTY ELECTION SERVICES				Date [MM/DD/YYYY]	\$	2.45
						06/29/2015		
House #	633	Street Address	COURT STREET			Description of Expenditure		
City	READING	State	PA	Zip Code	19604	PETITION COPIES		

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		NICKOLAS KENNEDY					Outstanding Balance of Debt	
House #	0	Street Address		NICK.KENNEDY33@GMAIL.COM		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		WYOMISSING		State	PA	Zip Code	N/A	
Description of Debt		WEBSITE EDITING						
Name of Creditor		N/A					Outstanding Balance of Debt	
House #	0	Street Address		N/A		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		N/A		State	NA	Zip Code	N/A	
Description of Debt		N/A						
Name of Creditor		N/A					Outstanding Balance of Debt	
House #	0	Street Address		N/A		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		N/A		State	NA	Zip Code	N/A	
Description of Debt		N/A						
Name of Creditor		N/A					Outstanding Balance of Debt	
House #	0	Street Address		N/A		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		N/A		State	NA	Zip Code	N/A	
Description of Debt		N/A						
Name of Creditor		N/A					Outstanding Balance of Debt	
House #	0	Street Address		N/A		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		N/A		State	NA	Zip Code	N/A	
Description of Debt		N/A						
Name of Creditor		N/A					Outstanding Balance of Debt	
House #	0	Street Address		N/A		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		N/A		State	NA	Zip Code	N/A	
Description of Debt		N/A						