

COMMONWEALTH OF PENNSYLVANIA
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 Wally Scott						
STREET ADDRESS 910 Washington St						
CITY READING		STATE Pa		ZIP CODE 19604		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY 1.	MAYOR OF READING			DEM.	MO. 11	DAY 4 YEAR 2015
2ND FRIDAY PRE-PRIMARY 2.	DATES OF REPORTING PERIOD		MO. DAY YEAR		FOR OFFICE USE ONLY	
30 DAY POST-PRIMARY 3.	MO. DAY YEAR 11 24 2015 TO 12 31 2015		MO. DAY YEAR		01010	
6TH TUESDAY PRE-ELECTION 4.	CASH BALANCE AT END OF REPORTING PERIOD: \$ 0				RECEIVED BERKS COUNTY ELECTION SERVICES 2016 FEB 1 PM 1 59	
2ND FRIDAY PRE-ELECTION 5.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$					
30 DAY POST-ELECTION 6.	AMENDMENT REPORT? YES NO <input checked="" type="checkbox"/>					
ANNUAL REPORT 7. <input checked="" type="checkbox"/>	TERMINATION REPORT? YES 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

1st DAY OF FEBRUARY 2016

Nancy Ann Rivera-Torres SIGNATURE

Wally Scott SIGNATURE OF PERSON SUBMITTING REPORT

Wally Scott PRINTED NAME

MY COMMISSION EXPIRES **03/24/2017** MO. DAY YEAR

335-0585 DAYTIME TELEPHONE NUMBER

Notarial Seal
Nancy Ann Rivera-Torres, Notary Public
City of Reading, Berks County
Authorized to Perform Notary Public Duties
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

PART 11-

If statement is filed on behalf of a Candidate, the 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

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 type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Wally Scott							
Street Address		106 N. 9th St.							
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
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Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only					
	11/24/2015	12/31/2015						
A. Amount Brought Forward From Last Report	\$	1,743.10						
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2,025.00						
C. Total Funds Available (Sum of Lines A and B)	\$	3,768.10						
D. Total Expenditures (From Schedule III)	\$	0.00						
E. Ending Cash Balance (Subtract Line D from Line C)	\$	3,768.10						
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00						
G. Unpaid Debts and Obligations (From Schedule IV)	\$	8,695.77						

RECEIVED
BERKS COUNTY
ELECTIONS DIVISION
2016 FEB 1 PM 1:39

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
1 day of February 20 16

M. Theresa Citrenbaum
COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
M. THERESA CITRENBaum, Notary Public
 Media Boro., Delaware County
 My Commission Expires November 21, 2016

[Signature]
 Signature of Person Submitting report
Edward L. Perkins
 Printed Name

(610) 565-1708
 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
1st day of FEBRUARY 20 16

[Signature]
 Signature

My Commission expires 03/24/2017
 MO. DAY YR.

[Signature]
 Signature of Candidate
Wally Scott
 Printed Name

(610) 772-3191
 Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 Notarial Seal
 Nancy Ann Rivera-Torres, Notary Public
 City of Reading, Berks County
 My Commission Expires March 24, 2017
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

RECEIVED
 2-2-16
 BY: *mak*

SCHEDULE I
Contributions and Receipts

Detailed Summary Page

PAGE 2

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)	\$	0.00
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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)	\$		0.00
All Other Contributions (Part B)	\$		0.00
Total for the reporting period	(2)	\$	0.00

3. Contributions Over \$250.00 (From Part C and Part D)		
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Contributions Received from Political Committees (Part C)	\$		0.00
All Other Contributions (Part D)	\$		2,025.00
Total for the reporting period	(3)	\$	2,025.00

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
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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>			2,025.00

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]	\$
Ubaldo Sanchez					12/30/2015	300.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name				Occupation		
Super Natural Produce				Grocer		
Employer Mailing Address / Principal Place of Business				1350 12th St., Reading, PA 19604		

Full Name of Contributor					Date [MM/DD/YYYY]	\$
Kelly Huff					12/31/2015	500.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
4305	Sylvan Drive					
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Reading	PA	19606				
Employer Name				Occupation		
Self-Employed				Property Owner		
Employer Mailing Address / Principal Place of Business				4305 Sylvan Drive, Reading, PA 19606		

Full Name of Contributor					Date [MM/DD/YYYY]	\$
					12/30/2015	400.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
832	Gordon St.					
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Reading	PA	19601				
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						

Full Name of Contributor					Date [MM/DD/YYYY]	\$
						825.00
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						

SCHEDULE IV

Statement of Unpaid Debts

PAGE 4

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		Blind Hartman's Tavern					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]			\$			
2910	Pricetown Rd.	10/31/2015						
City	State	Zip Code					1,131.65	
	Temple	PA	19560					
Description of Debt		Cocktail Party Fundraiser						
Name of Creditor		Cynthia A. Castner					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]			\$			
1611	Cleveland Ave.	10/26/2015						
City	State	Zip Code					291.47	
	Wyomissing	PA	19610					
Description of Debt		Campaign Door Hangers						
Name of Creditor		Cynthia A. Castner					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]			\$			
1611	Cleveland Ave.	11/02/2015						
City	State	Zip Code					881.87	
	Wyomissing	PA	19610					
Description of Debt		Slate Cards						
Name of Creditor		Cynthia A. Castner					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]			\$			
1611	Cleveland Ave.	10/02/2015						
City	State	Zip Code					79.00	
	Wyomissing	PA	19610					
Description of Debt		Tickets for Fundraiser						
Name of Creditor		Met-Ed					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]			\$			
	PO Box 16001	10/14/2015						
City	State	Zip Code					111.78	
	Reading	PA	19612					
Description of Debt		Electric Bill						
Name of Creditor		Domingo Tejada					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]			\$			
237	S. 5th St.	11/01/2015						
City	State	Zip Code					700.00	
	Reading	PA	19602					
Description of Debt		Headquarters Rent						

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		Matilde R. Sotomayor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]			\$			
3	Spring Valley Rd.	02/06/2015						
City	Reading	State	PA	Zip Code	19605	2,500.00		
Description of Debt		Return of Contribution						

Name of Creditor		Lamar Advertising					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]			\$			
600	East Neversink Rd.	11/24/2015						
City	Reading	State	PA	Zip Code	19606	3,000.00		
Description of Debt		Campaign Advertising						

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								