



CITY OF READING, PENNSYLVANIA

LINDA A. KELLEHER
CITY CLERK

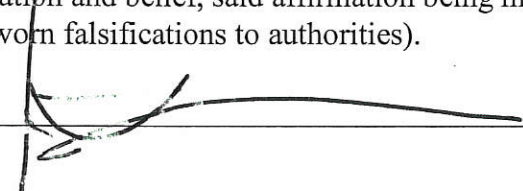
CITY COUNCIL
ROOM 2-24
815 WASHINGTON STREET
READING, PA 19601-3690
(610) 655-6204

SUPPLEMENTAL STATEMENT OF FINANCIAL INTEREST

INSTRUCTIONS: Please type or print legibly. This form supplements the Statement of Financial Interest form issued by the State Ethics Commission.

01	Last name	First name	Middle initial
	Waltman	Tiffany	S.
02	Residence Street Address	City	State / Zip Code
	722 N. 4th	Reading	PA 19601
03	Position with the City of Reading	Area Code	Phone Number
	City Council	610	451-9120
04	REAL ESTATE INTERESTS: List the address of any property in the City of Reading in which you, your spouse, or any member of your immediate family have any ownership interest.		

The undersigned hereby affirms that the foregoing information is true and correct to the best of said persons knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa. C.S.A. s4904 (unsworn falsifications to authorities).

Signature  Date 6/25/18

ALL statements of Financial Interest are available for public inspection and copying during regular office hours.

Revised 4/00

RECEIVED
7-2-18



STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME WATMAN FIRST NAME JEFFREY MI S SUFFIX SR

02 ADDRESS office (business or governmental) or home 723 N. 4th St, Reading, PA 19606 City Reading State PA Zip Code 19606 Area Code 610 Phone 451-9120

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor

B Nominee C Public Official (Former) D Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held

A City Council seeking hold held

B

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)

A CITY OF READING

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) Financial Advisor

07 YEAR SEE INSTRUCTIONS. Information in Blocks 8 - 15 represents disclosure for the calendar year listed here: 2018

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

723 N. 4th St, Reading

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: Merrill Lynch Address: 985 Berkshire Blvd Wyomissing, PA (OFFICIAL USE ONLY)

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)

Name: Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held (i.e., 5%, 10%, etc.)

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. § 4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. § 1109(b).

Signature [Signature] Enter Current Date 6/25/18

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.