

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

PL Read 3/10/15

01 LAST NAME FIRST NAME MI SUFFIX

MEIN Jeffrey S

02 ADDRESS office (business or governmental) or home City State Zip Code Area Code Phone

1356 Perkiomen Ave. Rdwy PA 19602 (610) 621-3681

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 Mayor

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

B

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR Indicate calendar year for which form is being filed. SEE INSTRUCTIONS.

Mechanical Contractor 2015

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

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.

(OFFICIAL USE ONLY)

Name: Self Employed Jeffrey Mein Address: 1356 Perkiomen Ave

Rdwy PA 19602

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

Name: Jeffrey Mein Address: 1356 Perkiomen Ave owner

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

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

Business (Name and Address) Interest Held Relationship Date Transferred

Transferee (Name and Address)

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 Jeffrey Mein Enter Current Date 3/10/2015

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

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 NA		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 Jeffrey S. Nein									
STREET ADDRESS 1356 Perkiomen Ave.									
CITY Reading		STATE PA		ZIP CODE 19602 -					
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION			
6TH TUESDAY PRE-PRIMARY	1.	Mayer		City of Reading	Democrat	MO. DAY YEAR			
2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>					5 19 2015			
30 DAY POST-PRIMARY	3.					FOR OFFICE USE ONLY			
6TH TUESDAY PRE-ELECTION	4.					DATES OF REPORTING PERIOD		NO. DAY YEAR	
2ND FRIDAY PRE-ELECTION	5.					2 26 2015	5 4 2015		
30 DAY POST-ELECTION	6.					CASH BALANCE AT END OF REPORTING PERIOD:		\$ 0	
ANNUAL REPORT	7.					TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 0	
		AMENDMENT REPORT?	YES	NO	<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

8th DAY OF **May** 20**15**

[Signature]
 SIGNATURE

MY COMMISSION EXPIRES **8/26/2016**
 MO. DAY YR.

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT

Jeffrey S. Nein
 PRINTED NAME

610 **621-3681**
 AREA CODE DAYTIME TELEPHONE NUMBER

RECEIVED

BY: **mak**

PART 11-

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

NOTARIAL SEAL
BRENDA A. CANDIDATE
 Notary Public

READING CHESTER COUNTY
 My Commission Expires Aug 26, 2016

I SWEAR (OR AFFIRM) THAT 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