

Recd 6/18/15  
**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		Wally Scott					
Street Address		910 Washington St					
City	READING	State	Pa	Zip Code	19601		

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<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"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		5/19/15	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
A. Amount Brought Forward From Last Report	\$	0	RECEIVED BERKS COUNTY ELECTION SERVICES 2015 JUN 18 PM 3 51
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)	\$	10,900.00	
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

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature

Signature of Person Submitting report

Printed Name

My Commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

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

17<sup>th</sup> day of June 2015

Signature

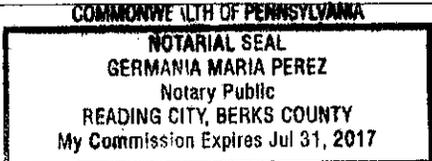
Signature of Candidate

Printed Name

My Commission expires July 31 2017 MO. DAY YR.

484 Area Code

335-0585 Daytime Telephone Number



SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

<b>Filer Identification Number</b>		
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period	(4)	\$
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>		\$

2054

SCHEDULE III  
Statement of Expenditures

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>To Whom Paid</b>		Friends of Wally Scott			<b>Date [MM/DD/YYYY]</b>	\$	2,000.00
<b>House #</b>	106	<b>Street Address</b>	19th Street		<b>Description of Expenditure</b> LOAN		
<b>City</b>	READING	<b>State</b>	Pa	<b>Zip Code</b>	19601		

<b>To Whom Paid</b>		Friends of Wally Scott			<b>Date [MM/DD/YYYY]</b>	\$	5,200.00
<b>House #</b>	106	<b>Street Address</b>	19th Street		<b>Description of Expenditure</b> LOAN		
<b>City</b>	READING	<b>State</b>	Pa	<b>Zip Code</b>	19601		

<b>To Whom Paid</b>		Democratic City Committee			<b>Date [MM/DD/YYYY]</b>	\$	160.00
<b>House #</b>		<b>Street Address</b>	South 11th Street		<b>Description of Expenditure</b> Political Signs on Board		
<b>City</b>	Reading	<b>State</b>	Pa	<b>Zip Code</b>	19602		

<b>To Whom Paid</b>		DR LAZARO PEREN			<b>Date [MM/DD/YYYY]</b>	\$	995.00
<b>House #</b>	132	<b>Street Address</b>	132 South 5th St		<b>Description of Expenditure</b> Refund of Expenses		
<b>City</b>	READING	<b>State</b>	Pa	<b>Zip Code</b>	19602		

<b>To Whom Paid</b>		DR LAZARO PEREN			<b>Date [MM/DD/YYYY]</b>	\$	2,545.00
<b>House #</b>	132	<b>Street Address</b>	132 South 5th St		<b>Description of Expenditure</b> Refund of Expenses/Adv.		
<b>City</b>	READING	<b>State</b>	Pa	<b>Zip Code</b>	19602		

<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			

<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			

<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			

3 of 5

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:	
------------------------------	--

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					

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					

The monies refunded to Dr Popen  
were refunded because of incorrect  
advice from my Treasurer. I later  
learned the contribution was permitted.

As a result of US Supreme Court decision  
567 US — (2012) and Citizens United  
vs Federal Elections Commission  
130 U.S. Supreme Court 876 Jan 21-2010

No monies were paid directly to me  
or my Committee.

5045