Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat Number :	ion 2008	059			Report Filed B		CANDI	DATE	СОМ	MITTEE	✓	LOBE	BYIST	
	Committee, Candida	ate or Lo	obbyist:			-	ERNMEN	Γ FOR P	A					
Street Address:	Street Address: 813 CHAMBERS STREET													
City: BRESSLER State: PA Zip Code: 17									113					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X					AY F ARY	POST-	3.	AMENDN REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.					0 DAY POST- 6. ELECTION			TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL REPORT	7.	Year 2014				NG METHO			PAPER		\checkmark	DISKE	TTE
Name of Office S	Sought by Candidat	te:					DATE O	F ELEC	TION	District Number	Office	Par	ty Code	County Code
							мо	DAY	YEAR					
							11	4	4 2014]	(SEE INS	STRUCTIO	ONS FOR (CODES)
	Receipts and	мо	DAY	YEAR	1		мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:		1 1	. 20	014 T	0	3	3	1 2014	+				
A. Amount Bro	ought Forward Fron	n Last R	eport			\$			3,695.83					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$;	8,698.87						
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	5		12,394.70					
D. Total Expen	ditures (From Sche	edule II	I)			\$;		8,500.00					
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)		\$	5		3,894.70	_				
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)	\$			0.00	4				
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	/)		\$	\$ 0.00							
				AFF	IDAVI	T SE	CTION							
	s a Committee repo		-							-				
I swear (or affirm correct and compl) that this report, incl ete.	uding the	attached sc	hedules	s filed on	paper	or by elect	ronic mee	dium, are to	the best o	of my knov	vledge	and beli	ef , true
Sworn to and subs	scribed before me this day of	5	20						Signatur	e of Perso	on Submitt	ing Rep	oort	
	Signatu	re				_				Prir	ited Name	I		
My Commission E	-					_				Ema	il			
	мо	DA	AY	YR				Area	a Code	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a canc	lidate's	authorized	Comm	nittee, C	andic	late shall	sign hei	re.					
I swear (or affirm) No 320) as amend) that to the best of n ed.	ny knowle	edge and beli	ief this	political	comn	ittee has n	ot violate	ed any provis	sions of th	e act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subse	cribed before me this day of		20						5	Signature	of Candida	ite		
						-				Printe	ed Name			
My Commission Exp	Signature					-				Ema	nil			
	мо	D/	AY	YR		-		Area C	ode	D	aytime Te	elephon	e Numb	er
		2,									-			

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** BETTER GOVERNMENT FOR PA From: <u>1/1/2014</u> **To:** 3/31/2014 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 128.22 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 128.22 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 8,570.65 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 8,570.65 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 8,698.87 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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.

Name of Filing Committee or Candidate R			Reporting	Reporting Period						
BETTER GOVERNMENT FOR PA			From:	<u>1/1/20</u>	: <u>3/31/2014</u>					
				DATE		AMOUNT				
Full Name of Contributing Comr KRISTINE LEBER FOR CDSB	nittee		мо	DAY	YEAR					
Mailing Address 4571 RIC	KER STREET					\$ 128.22				
City HARRISBURG	State PA	Zip Code (Plus 4) 17109	1	17	2014					
						PAGE TOTAL				

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

128.22

\$

PART B ALL OTHER CONTRIBUTIONS \$50.01 TO \$250.00 Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A)								
Name of Filing Committee or Candidat	e			orting P	eriod			
From: To:								
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	0.00

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate Reporting				Period					
BETTER GOVERNMENT FOR PA From			From:	<u>1/</u>	1/2014	То:	<u>3/31/2014</u>		
				DA	TE		A	MOUNT	
Full Name of Contributing Committee MOVING DERRY FORWARD				мо	DAY	YEAR			
Mailing Address 732 FERRIS WAY							\$	2,000.00	
City HERSHEY	State PA	Zip Code 17033	e (Plus 4)	1	17	2014	1		
Full Name of Contributing Committee DAUPHIN CO. JUDICIAL PAC				мо	DAY	YEAR			
Mailing Address 409 N. 2ND STREET	SUITE 202						\$	6,570.65	
City HARRISBURG	State PA	Zip Code 17101	e (Plus 4)	3	11	2014	1		
								PAGE TOTAL	
Enter Grand Total of Part C on Sched	lule I, Detailed Sum	imary Pa	ige, Sectio	n 3.			\$	8,570.65	

PART D ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of

over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period	
	From:	То:

				D	ATE			AMOUNT	г
Full Name of Contributor				мо	DAY	YEA	R		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Place of City Business				State			Zip Code (Plus	5 4)	
Enter Grand Total of Part C on Sch	edule I, Detailed S	umn	narv Page, Sectio	on 3.		ĺ		PAGE TO	DTAL
	·····	-	, , , , , , , , , , , , , , , , , , , ,				\$		0.00

I

PART E **OTHER RECEIPTS**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC. Use this Part to report refunds received, interest earned, returned checks and

prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate			Reporting Period						
						То:	:		
					ATE	AMOUNT			
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	I				1				
Enter Grand Total of Part E o	- Schodulo I. Dotailoc	l Summary Page	Section	4				PAGE TOT	AL
	i Schedule 1, Detailet	summary raye,	Section				\$		0.00

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

Name of Filing Committee or Candidate	Reporting Period		
BETTER GOVERNMENT FOR PA	From:	<u>1/1/2014</u> To:	<u>3/31/2014</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ΓF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, I		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting Period						
F						То:			
				DATE		АМО	UNT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	,						
Description of Contribution:									
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL		
					4	6	0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period						
					Fro	From: To:				
					I		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State	Zip Code(Plus 4)								
Employer of Contributor					Occupation					
Employer Mailing Address/Principal Place of City State Business			State		Zip Code(Plus Descri			otion of	Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candid	ate		Reporti	ng Period				
BETTER GOVERNMENT FOR PA			From	<u>1/</u>	<u>1/2014</u>	То:	<u>3/31/2014</u>	
				DATE			AMOUNT	
To Whom Paid MARKOSEK FOR STATE LEGISLATUR	RE		мо	DAY	YEAR			
Mailing Address P.O. BOX 193			2	25	2014	\$	500.00	
City MONROEVILLE	MONROEVILLE State Zip Code (Plus 4) PA 15146			Description of Expenditure DONATION				
To Whom Paid FRIENDS OF SCOTT MARTIN			мо	DAY	YEAR			
Mailing Address 1535 N. JEFFERS	SON COURT		3	6	2014	\$	2,000.00	
CityLANCASTERStateZip Code (Plus 4)PA17602				Description of Expenditure DONATION				
To Whom Paid HARPER POLLING			мо	DAY	YEAR			
Mailing Address 121 STATE STRE	ET		3	10	2014	\$	5,000.00	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure POLLING					
To Whom Paid FRIENDS OF JIM CAWLEY			мо	DAY	YEAR			
Mailing Address 10 RED CEDAR I	DRIVE		3	11	2014	\$	750.00	
City LEVITTOWN	State PA	Zip Code (Plus 4) 19055	Description of Expenditure DONATION					
To Whom Paid COMMITTEE TO RE-ELECT JOHN SA	BATINA		мо	DAY	YEAR			
Mailing Address 7720 CASTOR A	VENUE		3	26	2014	\$	250.00	
City PHILADELPHIA State Zip Code (Plus 4) PA 19152			Descrip DONAT	tion of Exp ION	penditure	1		
Enter Grand Total of Expenditure	es on Page 1 Pa	enort Cover Page Item I	<u>,</u> ר				PAGE TOTAL	
	Co on raye 1, Ke	port cover raye, item i				\$	8,500.00	