Campaign Finance Report

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

Filer Identificati Number :	on 2008	3059			Repoi			CANDI	ANDIDATE COMMITTEE / LOBBYIST					BYIST			
Name of Filing C	ommittee, Candi	late or L	obbyist:		BETTE	R GO	VE	RNMEN	ΓFOR	PA							
Street Address:	813 CHAMBE	RS STRE	ET														
City:	BRESSLER							State:	PA			Zip Cod	ie: 1	7113			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY P PRIMARY	RE-	2.	30 PRI			POST-	3.		AMENDM REPORT		Yes	No		\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5. X			Y F TON	POST-	6.		TERMINA REPORT		Yes	No		√
report type)	ANNUAL REPORT	7.	Year 2014					IG METHO				PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candida	ite:	•					DATE O	F ELE	CTIC	N	District Number	Office Code	Pai	ty Code	Coun	
								МО	DAY	YI	EAR	Number	Couc	ļ		loone	
							ľ	11		4	2014		(SEE IN	ISTRUCTI	ONS FOR	CODES)
	Receipts and	МО	DAY YE	AR				мо	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		9 16	20	014	го		10		20	2014						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			3,8	394.70						
B. Total Moneta	ary Contributions	And Rec	eipts (From So	hec	dule I)		\$			3,	500.00						
C. Total Funds Available (Sum Of Lines A and B)							\$			7,:	394.70						
D. Total Expend	ditures (From Sch	edule II	I)				\$				0.00						
E. Ending Cash	Balance (Subtra	t Line D	From Line C)				\$			7,3	394.70						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dul	e II)		\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			•			
			А	FF:	IDAV	IT S	EΘ	CTION									
PART I - If this is	a Committee rep	ort, trea	surer sign her	e. I	f this i	s a C	an	didate re	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	e attached sched	ules	filed or	1 раре	er o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , tr	ue
Sworn to and subs	cribed before me thi day of	S	20							5	Signature	of Perso	n Submit	ting Re	oort		
	Signate	ıre				_						Prin	ted Nam	e			_
My Commission Ex	rpires					_						Ema	il				
	МО	D	AY	ΥR					Are	ea Co	ie	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	mm	ittee,	Cand	ida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief t	this	politica	l com	ımi	ittee has n	ot viola	ted ar	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this day of		20								s	ignature o	of Candid	ate			-
						_						Printe	d Name				-
My Commission Exp	Signature					_						Ema	il				-
, солилизэтон Ехр						_											╻┃
	МО	D	AY	ΥR					Area	Code		Da	aytime 1	elephor	ne Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

· -				
Name of Filing Committee or Candidate	Reporting	g Period		
BETTER GOVERNMENT FOR PA	From:	9/16/201	<u>4</u> То:	10/20/2014
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
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 Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	2,500.00
All Other Contributions (Part D)			\$	1,000.00
TOTAL for the Reporting	Period	(3)	\$	3,500.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	3,500.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-				
Name of Filing Comm	ittee or Candidate		Reporting Period						
		From:			То	:			
		1			DATE			AMOUNT	
Full Name of Contribution	ng Committee			МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4))						
	•	•			•	•		PAGE TOTAL	

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

0.00

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 Fining Committee of Candidate				Reporting Period From: To:					
					DATE		AN	4OUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$ \$	0.00	
City	State	Zip Code (Plus 4)	1						

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

PAGE TOTAL \$ 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 Pe	Period					
BETTER GOVERNMENT FOR PA	From:	9/16/2014	То:	10/20/2014			

DATE AMOUNT

Full Name of Contributing Committee MCNEES PAC	МО	DAY	YEAR			
Mailing Address P.O. BOX 1166						\$ 2,500.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	6	11	2014	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL\$ 2,500.00

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 Candid	late			Rep	orting Pe	riod				
BETTER GOVERNMENT FOR PA				Fror	m:	9/16/2	<u>014</u> To	To: <u>10/20/2014</u>		
					D	ATE		AMOUNT		
Full Name of Contributor GEORGE SHULTZ					мо	DAY	YEAR			
Mailing Address 5227 CRESTWOOD DR.				10		2014	\$	1,000.00		
City HARRISBURG	HARRISBURG State Zip Code (Plus		s 4)	10 14		2014				
	PA	1	7109							
Employer Name RETIRED	-	•			Occupat	tion		•		
Employer Mailing Address/Principal Business	Place of		City			State		Zip Co	ode (Plus 4)	
Enter Grand Total of Part C on S	Schedule I, Deta	iled Sum	mary Page,	Section	on 3.		4		PAGE TOTAL 1,000.00	

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		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description		•		•				
Enter Grand Total of Part E	on Schedule T. Detailer	d Summary Page	Section	4			PAGE TOTAL	
Enter Grana Total of Fait E	on senedare 1, Betanet	a Summary rage,	Section				\$ 0.0	0

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 Perio	od	
BETTER GOVERNMENT FOR PA	From:	<u>9/16/2014</u> To:	10/20/2014
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)		·	
TOTAL for the Reporting Pe	eriod (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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	me of Filing Committee or Candidate			g Period			
			From:			То:	
				DATE			AMOUNT
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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	ımary Pa	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate			Re	porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (lame of Filing Committee or Candidate				Reporting Period					
						То:				
				DATE			AMOUNT			
To Whom Paid				DAY	YEAR					
Mailing Address						\$	0.00			
City State Zip Code (Plus 4)			Descri	ption of Ex	penditure					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item I							PAGE TOTAL			
).			\$	0.00			