

Campaign Finance Report

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

Filer Identification Number : 20130096		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: ALLIANCE FOR A BETTER PENNSYLVANIA										
Street Address: 500 NORTH 12TH ST.										
City: LEMOYNE				State: PA		Zip Code: 17043				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2015	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	
				MO	DAY	YEAR				
				11	3	2015	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		FOR OFFICE USE ONLY			
		3	31	2015	5					
A. Amount Brought Forward From Last Report				\$ 3,809.92						
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 58,875.00						
C. Total Funds Available (Sum Of Lines A and B)				\$ 62,684.92						
D. Total Expenditures (From Schedule III)				\$ 411.24						
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 62,273.68						
F. Value Of In-Kind Contributions Received (From Schedule II)				\$ 266.00						
G. Unpaid Debts And Obligations (From Schedule IV)				\$ 50,750.00						

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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

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

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
ALLIANCE FOR A BETTER PENNSYLVANIA	From: <u>3/31/2015</u> To: <u>5/4/2015</u>

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)	\$ 0.00
All Other Contributions (Part D)	\$ 58,875.00
TOTAL for the Reporting Period (3)	\$ 58,875.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 58,875.00
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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 Candidate	Reporting Period
	From: To:

DATE			AMOUNT
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Full Name of Contributor			MO	DAY	YEAR	\$0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

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 Period	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL
\$ 0.00

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 ALLIANCE FOR A BETTER PENNSYLVANIA	Reporting Period From: <u>3/31/2015</u> To: <u>5/4/2015</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
NATIONAL ASSOCIATION OF REALTORS							
Mailing Address 430 N. MICHIGAN AVE. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> City CHICAGO </div> <div style="width: 20%;"> State IL </div> <div style="width: 30%;"> Zip Code (Plus 4) 60611 </div> </div>				5	1	2015	\$ 50,750.00
Employer Name SAME				Occupation TRADE ASSOCIATION			
Employer Mailing Address/Principal Place of Business				City		State	Zip Code (Plus 4)

Full Name of Contributor				MO	DAY	YEAR	
DELAWARE VALLEY REAL ESTATE INFORMATION NETWORK							
Mailing Address 660 AMERICAN AVE. STE 203 <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> City KING OF PRUSSIA </div> <div style="width: 20%;"> State PA </div> <div style="width: 30%;"> Zip Code (Plus 4) 19406 </div> </div>				2	23	2015	\$ 7,625.00
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business				City		State	Zip Code (Plus 4)

Full Name of Contributor				MO	DAY	YEAR	
METROPOLITAN REGIONAL INFORMATION SYSTEMS, INC.							
Mailing Address 9707 KAY WEST AVE. STE 200 <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> City ROCKVILLE </div> <div style="width: 20%;"> State MD </div> <div style="width: 30%;"> Zip Code (Plus 4) 20850 </div> </div>				2	4	2015	\$ 500.00
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business				City		State	Zip Code (Plus 4)

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

PAGE TOTAL

\$ 58,875.00

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
	From: To:

			DATE			AMOUNT	
Full Name			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
Receipt Description							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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	
ALLIANCE FOR A BETTER PENNSYLVANIA		From: <u>3/31/2015</u> To: <u>5/4/2015</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 266.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 266.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate ALLIANCE FOR A BETTER PENNSYLVANIA				Reporting Period From: <u>3/31/2015</u> To: <u>5/4/2015</u>			
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				DATE	AMOUNT		
Full Name of Contributor NATIONAL ASSOCIATION OF REALTORS				MO	DAY	YEAR	\$ 266.00
Mailing Address 430 N. MICHIGAN AVE.				3	23	2015	
City CHICAGO	State IL	Zip Code(Plus 4) 60611					
Employer of Contributor SAME				Occupation TRADE ASSOCIATION			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution ADMINISTRATIVE COSTS	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.							PAGE TOTAL 266.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
ALLIANCE FOR A BETTER PENNSYLVANIA	From <u>3/31/2015</u> To: <u>5/4/2015</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
MCLAUGHLIN & ASSOCIATES				
Mailing Address 1425 NW 6TH ST.	1	27	2015	\$ 411.24
City GAINESVILLE	State FL	Zip Code (Plus 4) 32601	Description of Expenditure REFUND OF PREVIOUS EXPENDITURE	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 411.24

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

Name of Filing Committee or Candidate ALLIANCE FOR A BETTER PENNSYLVANIA				Reporting Period From: <u>3/31/2015</u> To: <u>5/4/2015</u>			
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DATE				Outstanding Balance of Debt
Name of Creditor KEYSTONE ANALYTICS, INC.				\$ 17,500.00
Mailing Address 500 NORTH 12TH ST.				
City LEMOYNE	State PA	Zip Code (Plus 4) 17043		
Description of Debt INDEPENDENT EXPENDITURE - JIM KEFFALAS, BUTLER CO. COMMISSIONER DIRECT MAIL & PHONE				
DATE				Outstanding Balance of Debt
Name of Creditor KEYSTONE ANALYTICS, INC.				\$ 2,750.00
Mailing Address 500 NORTH 12TH ST.				
City LEMOYNE	State PA	Zip Code (Plus 4) 17043		
Description of Debt INDEPENDENT EXPENDITURE - AMBER LONGHITANO BRISTOL TWP SUPERVISOR DIRECT MAIL & PHONE				
DATE				Outstanding Balance of Debt
Name of Creditor KEYSTONE ANALYTICS, INC.				\$ 2,750.00
Mailing Address 500 NORTH 12TH ST.				
City LEMOYNE	State PA	Zip Code (Plus 4) 17043		
Description of Debt INDEPENDENT EXPENDITURE - JOE GLASSON, BRISTOL TWP SUPERVISOR DIRECT MAIL & PHONE				
DATE				Outstanding Balance of Debt
Name of Creditor KEYSTONE ANALYTICS, INC.				\$ 2,750.00
Mailing Address 500 NORTH 12TH ST.				
City LEMOYNE	State PA	Zip Code (Plus 4) 17043		
Description of Debt INDEPENDENT EXPENDITURE - MURRAY BAILEY, BRISTOL TWP SUPERVISOR DIRECT MAIL & PHONE				

				DATE			Outstanding Balance of Debt
Name of Creditor KEYSTONE ANALYTICS, INC.			MO	DAY	YEAR	\$ 10,000.00	
Mailing Address 500 NORTH 12TH ST.			5	1	2015		
City LEMOYNE	State PA	Zip Code (Plus 4) 17043	Description of Debt INDEPENDENT EXPENDITURE - ALLAN DOMB PHILADELPHIA CITY COUNCIL DIRECT MAIL				
				DATE			Outstanding Balance of Debt
Name of Creditor KEYSTONE ANALYTICS, INC.			MO	DAY	YEAR	\$ 5,000.00	
Mailing Address 500 NORTH 12TH ST.			5	1	2015		
City LEMOYNE	State PA	Zip Code (Plus 4) 17043	Description of Debt INDEPENDENT EXPENDITURE - DEREK GREEN, PHILADELPHIA CITY COUNCIL DIRECT MAIL				
				DATE			Outstanding Balance of Debt
Name of Creditor KEYSTONE ANALYTICS, INC.			MO	DAY	YEAR	\$ 5,000.00	
Mailing Address 500 NORTH 12TH ST.			5	1	2015		
City LEMOYNE	State PA	Zip Code (Plus 4) 17043	Description of Debt INDEPENDENT EXPENDITURE - ED NEILSON, PHILADELPHIA CITY COUNCIL DIRECT MAIL				
				DATE			Outstanding Balance of Debt
Name of Creditor KEYSTONE ANALYTICS, INC.			MO	DAY	YEAR	\$ 5,000.00	
Mailing Address 500 NORTH 12TH ST.			5	1	2015		
City LEMOYNE	State PA	Zip Code (Plus 4) 17043	Description of Debt INDEPENDENT EXPENDITURE - MARIA SANCHEZ, PHILADELPHIA CITY COUNCIL DIRECT MAIL				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$ 50,750.00	