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 2013	30096			Rep File			CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:		ALLI	IANO	CE FO	R A BET	TER PE	NNSY	LVANI	Α					
Street Address:	500 NORTH	L2TH ST	REET,SUITE	100													
City:	LEMOYNE							State:	PA			Zip Cod	le: 17	7043			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	5. X	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	•	/
report type)	ANNUAL REPORT	7.	Year 2015					IG METHO				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	Sought by Candida	ite:	_					DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	ty
								МО	DAY	YE	AR	rumber	code			couc	
								11		3	2015		(SEE IN	STRUCTI	ONS FOR C	ODES)	
•	Receipts and	МО	DAY	/EAR	l			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	s trom:		9 15	20	015	T	0	10		19	2015						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$	-		13,5	09.75						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule	I)	\$			57,9	950.00	00					
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			71,4	159.75						
D. Total Expend	ditures (From Sch	edule II	I)				\$			57,9	50.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C))			\$			13,5	09.75]					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	nedul	le II)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00			1			
				AFF	IDA	١٧٧	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	ere. 1	[f thi	is is	a Can	didate re	eport, o	andi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sche	dules	filed	d on	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ıe
Sworn to and subs	cribed before me thi day of	s	20							S	ignature	of Perso	n Submit	ting Rep	ort		
	Signati	ıre					-					Prin	ted Name	e			
My Commission Ex	cpires						_					Ema	il				
	мо	D	AY	YR					Are	ea Cod	le	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized C	omn	nitte	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and belief	this	politi	ical	commi	ittee has n	ot viola	ted an	y provisi	ions of th	e act of J	une 3,1	937 (P.L.	. 1333	s,
Sworn to and subsc	ribed before me this day of		20								Si	ignature o	of Candid	ate			-
							_					Printe	d Name				-
My Commission Exp	Signature						-					Ema	il				-
, солинавіон Ехр						_											_
	МО	D	AY	YR					Area	Code		Da	aytime T	elephon	e Numb	 er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
ALLIANCE FOR A BETTER PENNSYLVANIA	From:	9/15/201	. <u>5</u> To:	10/19/2015
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)			\$	57,950.00
TOTAL for the Reporting	Period	(3)	\$	57,950.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	0.00
			Ī	
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			\$	57,950.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Commi	ttee or Candidate		Reporti	ng Period			
			From:		То	:	
		L		DATE			AMOUNT
Full Name of Contributin	g Committee		МС	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL
\$ 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			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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 Candidate			Rep	orting Pe	riod				
ALLIANCE FOR A BETTER PENNSYLVAI	NIA		Fron	n:	9/15	/201	<u>5</u> To:	:	10/19/2015
				D	ATE			A	MOUNT
Full Name of Contributor NATIONAL ASSOCIATION OF REALTOR	S			МО	DAY	Y	'EAR		
Mailing 430 N. MICHIGAN AV				10		3 :	2015	\$	57,950.00
City CHICAGO	State IL	Zip Code (Plus 60611	s 4)	10			2013		
Employer Name SAME				Occupat	tion	TRA	ADE AS	SSOCIA [.]	TION
Employer Mailing Address/Principal Plac Business	e of	City			State			Zip Cod	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed So	ummary Page,	Section	on 3.			\$		AGE TOTAL 57,950.00

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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Summary r uge,	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 Per	iod	
ALLIANCE FOR A BETTER PENNSYLVANIA	From:	<u>9/15/2015</u> To:	10/19/2015
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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	ate		Reporting	g Period			
			From:			To:	
				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 Sum	mary Pag	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				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

STATEMENT OF EXPENDITURES

Name of Filing Committee or 0	Candidate		Reporti	ng Period			
ALLIANCE FOR A BETTER PEN	INSYLVANIA		From	<u>9/1</u>	<u>5/2015</u>	То:	10/19/2015
				DATE			AMOUNT
To Whom Paid KEYSTONE ANALYTICS			МО	DAY	YEAR		
Mailing Address 500 N. 127	TH STREET SUITE 100		10	7	2015	\$ \$	1,800.00
City LEMOYNE	State PA	Zip Code (Plus 4) 17043	INDEP	L Dition of Exp ENDENT EX LICAN MAL	(PENDITI		IALE
To Whom Paid KEYSTONE ANALYTICS			мо	DAY	YEAR		
Mailing Address 500 N. 127	TH STREET SUITE 100		10	7	2015	\$	1,800.00
City LEMOYNE	State PA	Zip Code (Plus 4) 17043	INDEP	otion of Exp ENDENT EX LICAN MAL	(PENDIT		IALE
To Whom Paid KEYSTONE ANALYTICS			мо	DAY	YEAR		
Mailing Address 500 N. 127	TH STREET SUITE 100		10	7	2015	\$	1,800.00
City LEMOYNE	State PA	Zip Code (Plus 4) 17043	INDEP	otion of Exp ENDENT EX LICAN MAL	(PENDIT		IALE
To Whom Paid KEYSTONE ANALYTICS			мо	DAY	YEAR		
Mailing Address 500 N. 127	TH STREET SUITE 100		10	7	2015	\$	4,425.00
City LEMOYNE	State PA	Zip Code (Plus 4) 17043		otion of Exp ENDENT EX			IALE BROAD
To Whom Paid KEYSTONE ANALYTICS			мо	DAY	YEAR		
Mailing Address 500 N. 127	TH STREET SUITE 100		10	7	2015	\$	4,425.00
City LEMOYNE	State PA	Zip Code (Plus 4) 17043		otion of Exp ENDENT EX			IALE BROAD

MALL

To Whom Paid KEYSTONE ANALYTICS				мо	DAY	YEAR				
Mailing Address 500 N. 12TH STREET SUITE 100				10	7	2015	\$		1,125.00	
City LEMOYNI	State Zip Code (Plus 4) PA 17043				Description of Expenditure INDEPENDENT EXPENDITURE - MCHALE REPUBLICAN LIVE PHONES					
To Whom Paid KEYSTONE ANALYTICS				МО	DAY	YEAR				
Mailing Address 500 N. 12TH STREET SUITE 100			10	7	2015	\$		6,100.00		
City LEMOYNI	E	State PA	Zip Code (Plus 4) 17043	Description of Expenditure INDEPENDENT EXPENDITURE - EICHELBERGER MALL					ERGER	
To Whom Paid KEYSTONE ANALYTICS				МО	DAY	YEAR				
Mailing Address 500 N. 12TH STREET SUITE 100			10	7	2015	\$		6,100.00		
City LEMOYNI	E	State PA	Zip Code (Plus 4) 17043	Description of Expenditure INDEPENDENT EXPENDITURE - EICHELBERGER MALL					ERGER	
To Whom Paid KEYSTONE ANALYTICS										
	LYTICS			мо	DAY	YEAR				
	LYTICS 500 N. 12TH STREE	T SUITE 100		MO	DAY 7	YEAR 2015	\$		3,000.00	
KEYSTONE ANAL	500 N. 12TH STREE	T SUITE 100 State PA	Zip Code (Plus 4) 17043	10 Descrip	7 Otion of Exp	2015 penditure		CHELBI		
Mailing Address	500 N. 12TH STREE	State		10 Descrip INDEPE	7 Otion of Exp	2015 penditure		CHELBI		
Mailing Address City LEMOYNI To Whom Paid	500 N. 12TH STREE	State PA		10 Descrip INDEPE	7 Pition of Exp ENDENT EXHONE	2015 penditure		CHELBI		
Mailing Address City LEMOYNI To Whom Paid KEYSTONE ANAL	500 N. 12TH STREE E LYTICS 500 N. 12TH STREE	State PA		Descrip INDEPE LIVE PH MO 10	7 ENDENT EXHONE DAY	2015 Denditure PENDITU YEAR 2015 Denditure	RE - EI		ERGER 4,875.00	
Mailing Address City LEMOYNI To Whom Paid KEYSTONE ANAL Mailing Address	500 N. 12TH STREE E LYTICS 500 N. 12TH STREE E	State PA T SUITE 100 State	17043 Zip Code (Plus 4)	Descrip INDEPE LIVE PH MO 10	7 Potion of Expendent EXHONE DAY 7 Potion of Expendent	2015 Denditure PENDITU YEAR 2015 Denditure	RE - EI		ERGER 4,875.00	
Mailing Address City LEMOYNI To Whom Paid KEYSTONE ANAL Mailing Address City LEMOYNI To Whom Paid	500 N. 12TH STREE E LYTICS 500 N. 12TH STREE E	State PA T SUITE 100 State PA	17043 Zip Code (Plus 4)	10 Descrip INDEPE LIVE PH MO 10 Descrip INDEPE	7 ENDENT EXHONE DAY 7 Etion of Exp ENDENT EX	2015 Penditure (PENDITU YEAR 2015 Penditure (PENDITU	RE - EI		ERGER 4,875.00	

							P.F	AGE 13
To Whom Paid KEYSTONE ANALYTICS				МО	DAY	YEAR		
Mailing Address 500 N. 12TH STREET SUITE 100				10	7	2015	\$	2,150.00
City LEMOYNE	State Zip Code (Plus 4) PA 17043			Description of Expenditure INDEPENDENT EXPENDITURE - EVANS REPUBLICATION MALL				
To Whom Paid KEYSTONE ANALYTICS				мо	DAY	YEAR		
Mailing Address 500 N. 12TH STREET SUITE 100				10	7	2015	\$	2,150.00
City LEMOYNE		State PA	Zip Code (Plus 4) 17043	Description of Expenditure INDEPENDENT EXPENDITURE - EVANS REPUBLIC MALL				
To Whom Paid KEYSTONE ANALYTICS				МО	DAY	YEAR		
Mailing Address 500 N. 12TH STREET SUITE 100			10	7	2015	\$	5,200.00	
City LEMOYNE		State PA	Zip Code (Plus 4) 17043	Description of Expenditure INDEPENDENT EXPENDITURE - EVANS BROAD MAL				
To Whom Paid KEYSTONE ANALYTICS				МО	DAY	YEAR		
Mailing Address 500 N. 12TH STREET SUITE 100			10	7	2015	\$	1,500.00	
City LEMOYNE		State PA	Zip Code (Plus 4) 17043	Description of Expenditure INDEPENDENT EXPENDITURE - EVANS REPUBLIC LIVE PHONE				
To Whom Paid KEYSTONE ANALYTICS				МО	DAY	YEAR		
Mailing Address 500 N. 12TH STREET SUITE 100				10	7	2015	\$	2,500.00
City LEMOYNE		State PA	Zip Code (Plus 4) 17043		otion of Exp			IB MALL
To Whom Paid KEYSTONE ANALYTICS			мо	DAY	YEAR			
Mailing Address 500 N. 12TH STREET SUITE 100			10	7	2015	\$	2,500.00	
City LEMOYNE		State PA	Zip Code (Plus 4) 17043	Description of Expenditure INDEPENDENT EXPENDITURE - DOMB MALL				

To Whom Paid KEYSTONE ANALYTICS			мо	DAY	YEAR		
Mailing Address 500 N. 12TH STREET SUITE 100			10	7	2015	\$	2,500.00
City LEMOYNE	State PA	Zip Code (Plus 4) 17043	Description of Expenditure INDEPENDENT EXPENDITURE - DOMB MALL				
To Whom Paid KEYSTONE ANALYTICS			МО	DAY	YEAR		
Mailing Address 500 N. 12TH STREET SUITE 100			10	7	2015	\$	2,500.00
City LEMOYNE	State PA	Zip Code (Plus 4) 17043	Description of Expenditure INDEPENDENT EXPENDITURE - DOMB LIVE PHONE				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					PAGE TOTAL		
				\$	57,950.00		