

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 :		2008059		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: BETTER GOVERNMENT FOR PA												
Street Address:												
City: BRESSLER						State: PA			Zip Code: 17113			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	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	County Code
						MO	DAY	YEAR				
						11	3	2015	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		9	15	2015		10	19	2015				
A. Amount Brought Forward From Last Report						\$ 6,811.60						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 8,200.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 15,011.60						
D. Total Expenditures (From Schedule III)						\$ 2,766.43						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 12,245.17						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00						

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
BETTER GOVERNMENT FOR PA	From: <u>9/15/2015</u> To: <u>10/19/2015</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)	\$ 500.00
TOTAL for the Reporting Period (2)	\$ 500.00

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)	\$ 7,700.00
TOTAL for the Reporting Period (3)	\$ 7,700.00

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.)	\$ 8,200.00
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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 BETTER GOVERNMENT FOR PA	Reporting Period From: <u>9/15/2015</u> To: <u>10/19/2015</u>
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DATE	AMOUNT
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Full Name of Contributor DUSTIN A. GREEN			MO	DAY	YEAR	\$ 250.00
Mailing Address			6	7	2015	
City MIDDLETOWN	State PA	Zip Code (Plus 4) 17057				

Full Name of Contributor DOMINIC D. DI FRANCESCO, II			MO	DAY	YEAR	\$ 250.00
Mailing Address			9	17	2015	
City MIDDLETOWN	State PA	Zip Code (Plus 4) 17057				

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

PAGE TOTAL
\$ 500.00

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 BETTER GOVERNMENT FOR PA	Reporting Period From: <u>9/15/2015</u> To: <u>10/19/2015</u>
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				DATE	AMOUNT		
Full Name of Contributor CAMPUS HEIGHTS ASSOCIATES, I LP				MO	DAY	YEAR	\$ 500.00
Mailing Address City SOUTHEASTERN State PA Zip Code (Plus 4) 19399				6	22	2015	
Employer Name CAMPUS HEIGHTS				Occupation DEVELOPER			
Employer Mailing Address/Principal Place of Business				City SOUTHEASTERN	State PA	Zip Code (Plus 4) 19399	
Full Name of Contributor CAMPUS HEIGHTS ASSOCIATES, I LP				MO	DAY	YEAR	\$ 500.00
Mailing Address City SOUTHEASTERN State PA Zip Code (Plus 4) 19399				6	22	2015	
Employer Name CAMPUS HEIGHTS				Occupation DEVELOPER			
Employer Mailing Address/Principal Place of Business				City SOUTHEASTERN	State PA	Zip Code (Plus 4) 19399	
Full Name of Contributor TODD F. TRUNTZ, ESQ.				MO	DAY	YEAR	\$ 1,000.00
Mailing Address City MIDDLETOWN State PA Zip Code (Plus 4) 17057				9	9	2015	
Employer Name SAIDIS, SULLIVAN, ROGERS				Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business				City LEMOYNE	State PA	Zip Code (Plus 4) 17043	
Full Name of Contributor J. ALEX HARTZLER				MO	DAY	YEAR	\$ 3,750.00
Mailing Address City HARRISBURG State PA Zip Code (Plus 4) 17110				9	17	2015	
Employer Name WCI PARTNERS				Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business				City HARRISBURG	State PA	Zip Code (Plus 4) 17102	

Full Name of Contributor TANYA A. SMITH			MO	DAY	YEAR	\$ 1,950.00
Mailing Address			9	18	2015	
City MAPLE PARK	State IL	Zip Code (Plus 4) 60151				
Employer Name DEUNET			Occupation VP			
Employer Mailing Address/Principal Place of Business		City SYCAMORE	State IL	Zip Code (Plus 4) 60178		

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

PAGE TOTAL
\$ 7,700.00

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
	<div style="display: flex; justify-content: space-between;"> From: To: </div>

			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	
BETTER GOVERNMENT FOR PA		From: <u>9/15/2015</u> To: <u>10/19/2015</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)	\$ 0.00
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.)			\$ 0.00

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				Reporting Period			
				From:		To:	
				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
BETTER GOVERNMENT FOR PA	From <u>9/15/2015</u> To: <u>10/19/2015</u>

				DATE		AMOUNT	
To Whom Paid EE SMITH DESIGNS				MO	DAY	YEAR	\$ 125.00
Mailing Address				10	8	2015	
City	CAMP HILL	State	PA	Zip Code (Plus 4)	17011	Description of Expenditure GRAPHIC DESIGN	
To Whom Paid DCCRW				MO	DAY	YEAR	\$ 150.00
Mailing Address				9	28	2015	
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17110	Description of Expenditure DONATION	
To Whom Paid DAUPHIN COUNTY REPUBLICAN COMMITTEE				MO	DAY	YEAR	\$ 250.00
Mailing Address				9	23	2015	
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17110	Description of Expenditure DONATION	
To Whom Paid CCRC				MO	DAY	YEAR	\$ 45.00
Mailing Address				9	23	2015	
City	CAMP HILL	State	PA	Zip Code (Plus 4)	17001	Description of Expenditure DONATION	
To Whom Paid ARMSTRONG PRINTERY				MO	DAY	YEAR	\$ 792.12
Mailing Address				9	18	2015	
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17110	Description of Expenditure PRINTING	
To Whom Paid HBA PAC				MO	DAY	YEAR	\$ 150.00
Mailing Address				9	14	2015	
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17110	Description of Expenditure DONATION	

To Whom Paid W & L SALES			MO	DAY	YEAR	\$ 209.09
Mailing Address			8	14	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110	Description of Expenditure FUNDRAISING EXPENSES			

To Whom Paid FRIENDS OF GREG ROTHMAN			MO	DAY	YEAR	\$ 100.00
Mailing Address			7	7	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure DONATION			

To Whom Paid MIDDLETOWN PRESS & JOURNAL			MO	DAY	YEAR	\$ 170.00
Mailing Address			10	14	2015	
City MIDDLETOWN	State PA	Zip Code (Plus 4) 17057	Description of Expenditure ADVERTISING			

To Whom Paid ARMSTRONG PRINTERY			MO	DAY	YEAR	\$ 392.20
Mailing Address			10	9	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110	Description of Expenditure PRINTING			

To Whom Paid SWATARA TWP. REPUBLICAN COMM.			MO	DAY	YEAR	\$ 100.00
Mailing Address			10	15	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17113	Description of Expenditure DONATION			

To Whom Paid ARMSTRONG PRINTERY			MO	DAY	YEAR	\$ 283.02
Mailing Address			10	19	2015	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110	Description of Expenditure PRINTING			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 2,766.43

