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 200	8059				port ed B		CAN	DIE	DATE		COM	1ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Candi	date or L	obbyist:		BET	TER	GOV	ERNME	NT	FOR I	PA							
Street Address:																		
City:	BRESSLER							State:		PA			Zip Cod	l e: 17	113			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRI PRIMARY	DAY PRE	-	2.	30 DA		P	OST-	3. X		AMENDM REPORT?		Yes	N	0	√
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRI ELECTIO	DAY PRI N	E-	5.	30 DA		P	OST-	6.		TERMINA REPORT?		Yes	N	0	\
report type)	ANNUAL REPOR	Г 7.	Year 20	16			FILING METHOD () CHECK ONE						PAPER			DISK	ETTE	
Name of Office S	ought by Candid	ate:			•			DATE	OI	F ELEC	СТІО	N	District Number	Office Code	Pai	ty Cod	Cour	
								МО		DAY	YE	AR						
									11		8	2016		(SEE INS	TRUCTI	ONS FOR	CODES	5)
	Receipts and	МО	DAY	YEAF	2			МО		DAY	ΥI	AR	FO	R OFFIC	E USE	ONLY		
Expenditures	trom:		4	12 2	016	Т	0		5	1	16	2016						
A. Amount Bro	ught Forward Fro	m Last R	Report				\$				22,	L78.45						
B. Total Moneta	ary Contributions	And Rec	eipts (Fr	om Sche	dule	ı)	\$					0.00						
C. Total Funds	Available (Sum C	of Lines A	and B)				\$				22,	178.45						
D. Total Expend	ditures (From Sc	nedule II	Ί)				\$				1,5	29.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Lir	ne C)			\$				20,6	49.45						
F. Value Of In-	Kind Contribution	ıs Receiv	ed (From	Schedu	le II	[)	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule	IV)			\$					0.00						
				AFF	FID/	٩VI	T SE	CTIO	N									
PART I - If this is		-	_									_						
correct and comple) that this report, in ete.	cluaing the	e attacned	scnedule	s file	a on	paper	or by ele	ectr	onic me	eaium	, are to t	ne best o	т ту кпоч	vieage	and be	lief , tr	ue
Sworn to and subs	cribed before me th day of	is	20						-		S	ignature	of Perso	n Submitt	ing Re	oort		_
	Signat	ure					<u>-</u>		-				Print	ted Name				-
My Commission Ex	rpires						_		-				Emai	I				
	МО	D	AY	YR						Are	ea Coc	le	Daytim	e Teleph	one Nu	mber		ᆜ
Part II- If this is	a report of a car	ıdidate's	authoriz	ed Comr	nitte	e, C	andid	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		my knowl	edge and b	pelief this	s polit	tical	comm	ittee ha	s no	t violat	ed an	y provisi	ions of the	act of Ju	ine 3,1	937 (P	L. 133	3,
Sworn to and subsc	ribed before me thi day of	5	20									Si	ignature o	f Candida	ite			_
			_ 20				_		,				Printe	d Name				-
	Signature)					-		-									_
My Commission Exp	ires												Emai	il				
	МО	D	AY	YF	2		_		,	Area	Code		Da	ytime Te	elephor	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
BETTER GOVERNMENT FOR PA	From:	<u>4/12/201</u>	<u>б</u> То:	<u>5/16/2016</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	J 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)			\$	0.00
TOTAL for the Reporting	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

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 Commi	ttee or Candidate	е		Re	porting I	Period			
				Fro	om:		То	:	
			1			DATE			AMOUNT
Full Name of Contribution	ng Committee				мо	DAY	YEAR		
Mailing Address								\$	0.00
City		State	Zip Code (Plus 4	1)					

PAGE TOTAL
0.00

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

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)

(EXCID	ue contributions noi	in pontical comm	iiiie	es re	por teu	III Pait	Α)	
Name of Filing Committe	e or Candidate		Rep	oorting P	Period			
			Fro	m:		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 Schedule I, Detailed Summary Page, Section 2.

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 Ca	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Comn	nittee			мо	DAY	YEAR		0.00
Mailing Address							*	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detailed	d 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	eriod			
			Fror	n:		To) :	
				D	ATE		А	MOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		I		Occupa	tion	•		
Employer Mailing Address/Principal Place	e of Business	City		•	State		Zip Cod	ie (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Si	ummary Page	, Sectio	on 3.			P	PAGE TOTAL
							\$	0.00

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	ing Peri	od			
			From:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	'	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	4.			\$	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 Perio	d	
BETTER GOVERNMENT FOR PA	From:	4/12/2016 To:	<u>5/16/2016</u>
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 Candidate	ne of Filing Committee or Candidate				Reporting 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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL			
						\$	(0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	ndidate Reporting Period					
BETTER GOVERNMENT FOR PA	From	<u>4/12/2016</u>	То:	<u>5/16/2016</u>		

					DATE			AMOUNT
To Who	om Paid			МО	DAY	YEAR		
YORK C	COUNTY REPUBLICAN CON	MITTEE		140		I LAK		
Mailing	Address			5	2	2016	\$	100.00
City	YORK	State	Zip Code (Plus 4)	Description of Expenditure				
		PA	17402	DONATI	ON			
To Who	om Paid			МО	DAY	YEAR		
DAVID	FEIDT			MO	DAT	TEAR		
Mailing	Address			4	26	2016	\$	500.00
City	HUMMELSTOWN	State	Zip Code (Plus 4)	Description of Expenditure				
		PA	17036	REIMBURSEMENT				
To Who	om Paid			МО	DAY	YEAR		
DAVID	FEIDT			MO	DAT	TEAR		
Mailing	Address			4	11	2016	\$	929.00
City	HUMMELSTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA 17036 RE-IMBURSEMENT					_		
								PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	1,529.00	