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 | 20080 | 159 | | | | Repo Filed | | : | CAI | NDII | DATE | | COMN | 1ITTEE | ✓ | LOB | BYIST | | |
|--|-----------------------------|-----------|----------|----------------|--------------|----------|---------------|-------|-------|----------|--------|----------|-------|-------------|--------------------|----------------|----------|---------|-----------|----------|
| Name of Filing C | ommittee, Ca | andida | te or Lo | bbyis | t: | E | BETTE | R G | OVE | ERNM | IENT | FOR | PA | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | | | |
| City: | BRESSLE | ĒR | | | | | | | | State | e: | PA | | | Zip Cod | l e: 17 | 113 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | | 1. | 2ND F PRIMA | RIDAY ARY | PRE- | 2. | | D DA | | Р | OST- | 3. | | AMENDM REPORT? | | Yes | | 0 | \ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | | 4. | 2ND F ELECT | RIDAY ION | PRE- | - 5.) | | D DA | Y ION | Р | OST- | 6. | | TERMINA REPORT? | | Yes | ٨ | 0 | √ |
| report type) | ANNUAL REF | PORT | 7. | Year | 2016 | | | | | IG ME | | _ | | | PAPER | | √ | DISK | ETTE | |
| Name of Office S | ought by Car | ndidate | e: | | | | • | | | DAT | E O | F ELE | CTIC | ON | District Number | Office Code | Pai | ty Cod | Code | |
| | | | | | | | | | | МО | | DAY | Y | EAR | | | | | | |
| | | | | | | | | | | | 11 | | 8 | 2016 | | (SEE INS | TRUCTI | ONS FOI | CODES |) |
| Summary of | | nd | МО | DA | Y | YEAR | | | | МО | | DAY | Y | EAR | FO | R OFFIC | E USE | ONLY | 7 | |
| Expenditures | Trom: | | | 9 | 20 | 20 | 16 | то | | | 10 | : | 24 | 2016 | | | | | | |
| A. Amount Bro | ught Forward | d From | Last R | eport | | | | | \$ | | | | 20, | 649.45 | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) \$ 3,500.00 | | | | | | | | | | | | | | | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | | \$ | | | | 24, | 149.45 | | | | | | | | |
| D. Total Expend | ditures (Fron | n Sche | dule II | [) | | | | | \$ | | | | | 50.00 | | | | | | |
| E. Ending Cash | Balance (Su | btract | Line D | From I | Line C |) | | | \$ | | | | 24, | 099.45 | | | | | | |
| F. Value Of In- | Kind Contribu | utions | Receive | ed (Fr | om Scl | hedul | e II) | | \$ | | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obliga | tions (| From S | chedu | ile IV) | | | | \$ | | | | | 0.00 | | | | | | |
| | | | | | | AFFI | [DAV | ΊΤ | SE | CTIC | N | | | | | | | | | |
| PART I - If this is | | - | - | | _ | | | | | | | | | _ | | | | | | |
| I swear (or affirm) correct and comple | | rt, inclu | ding the | attach | ed sche | edules | filed o | n pa | per o | or by e | electr | onic m | ediun | n, are to t | he best of | my knov | vledge | and be | lief , tr | ue |
| Sworn to and subs | cribed before n day of | ne this | | 20 | | | | | | | | | | Signature | of Persoi | n Submitt | ing Re | oort | | _ |
| | | ignature | e | · . | | | | _ | | | | | | | Print | ed Name | | | | _ |
| My Commission Ex | rpires | | | | | | | | | | • | | | | Emai | I | | | | |
| | МО | | DA | lΥ | | YR | | | | | | Are | ea Co | de | Daytim | e Teleph | one Nu | mber | | |
| Part II- If this is | a report of a | a candi | date's | authoi | rized C | Comm | ittee, | Can | dida | ate sh | nall s | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | st of my | y knowle | dge an | d belief | f this p | politica | al co | mmi | ittee h | as no | ot viola | ted a | ny provisi | ions of the | act of Ju | ine 3,1 | 937 (P | L. 133 | з, |
| Sworn to and subsc | | e this | | | | | | | | | | | | Si | ignature o | f Candida | ite | | | - |
| - | day of | | | 20 - | | | | _ | | | | | | | Printe | d Name | | | | - |
| | Signa | ature | | | | | | _ | | | | | | | | | | | | _ |
| My Commission Exp | ires | | | | | | | | | | | | | | Emai | il | | | | |
| | м | 10 | DA | λY | | YR | | _ | | | | Area | Code | 1 | 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>9/20/201</u> | <u>6</u> То: | 10/24/2016 |
| 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) | | | \$ | 3,500.00 |
| 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

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 Committee or C | Candidate | R | eporting | Period | | | |
|--------------------------------|-----------|-------------------|----------|--------|------|----|--------|
| | | F | rom: | | То | : | |
| | | · | | DATE | | | AMOUNT |
| Full Name of Contributing Comm | nittee | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | |

PAGE TOTAL
0.00

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

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.

| Name of Filing Commi | ttee or Candidate | 1 | Reporting I | Period | | | |
|-------------------------|-------------------|-------------------|-------------|--------|------|----|--------|
| | | , | From: | | Te | o: | |
| | | L | | DATE | | | AMOUNT |
| Full Name of Contributo | r | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | 1 | Ī | I | |

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 Candidate | me of Filing Committee or Candidate | | Reporting | Period | | | | |
|---------------------------------------|-------------------------------------|----------|-------------|--------|-----|------|---------------|------------|
| | | | From: | | | То: | | |
| | | | | DA | TE | | P | AMOUNT |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | 0.0 |
| Mailing Address | | | | | | | - \$ | 0.0 |
| City | State | Zip Cod | e (Plus 4) | | | | | |
| | | | | | | | | PAGE TOTAL |
| Enter Grand Total of Part C on Scheo | dule I, Detailed Sun | nmary 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 Candid | ate | | | Rep | orting Pe | riod | | | | |
|------------------------------------|---------------------|--------|---------------|---------|-----------|--------|-------|------------------------|----------|------------|
| BETTER GOVERNMENT FOR PA | | | | Fror | n: | 9/20/2 | 016 | 16 To: 10/24/20 | | 10/24/2016 |
| | | | | | D/ | ATE | | | AN | 10UNT |
| Full Name of Contributor | | | | | мо | DAY | YEAI | R | \$ | 3 500 00 |
| J. ALEX HARTZLER | | | | | | 2711 | , | | ₽ | 3,500.00 |
| Mailing Address | | | | | 9 | 29 | 201 | 16 | | |
| City HARRISBURG | State | Zi | ip Code (Plus | s 4) | | 23 | 201 | | | |
| | l _{PA} | 1 | 7110 | | | | | | | |
| Employer Name WCI PARTNERS | | | | | Occupat | ion | PRESI | DE | NΤ | |
| Employer Mailing Address/Principal | Place of Business | | City | | | State | | 7 | Zip Cod | e (Plus 4) |
| | | | HARRISBU | JRG | | PA | | : | 17110 | |
| Enter Grand Total of Bart C on S | chodulo I. Dotailod | Sumi | mary Bago | Soction | .n 2 | | ſ | | P | AGE TOTAL |
| Enter Grand Total of Part C on S | chedule 1, Detalled | Sullii | mai y Page, | Secur | л э. | | | \$ | | 3,500.00 |

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> | <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: | <u>9/20/2016</u> To: | <u>10/24/2016</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | PER 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 Cand | nme of Filing Committee or Candidate | | | Reporting Period | | | | | |
|----------------------------------|--------------------------------------|------------------------|---------|------------------|------|-------------|------------|--|--|
| | | | From: | | | To: | | | |
| | | | | DATE | | | AMOUNT | | |
| Full Name of Contributor | | | МО | DAY | YEAR | | | | |
| Mailing Address | | | | | | 7 \$ | 0.00 | | |
| City | State | Zip Code (Plus 4) | | | | | | | |
| Description of Contribution: | • | | • | • | • | | | | |
| | | | | | | | | | |
| Enter Grand Total of Part F on | Schedule II, In-Ki | nd Contributions Detai | led 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 | Period | | | | |
|--|----------------|-----|------------------|--------|---------|----------------|-------|------|-----------------|------|
| | | | | Fro | m: | | To: | | | |
| | | | | | | DATE | | | AMOUN | т |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | | 1 | \$ | 0.00 |
| City | State | | Zip Code(Plus 4) | | | | | | | |
| Employer of Contributor | | | | | Occup | oation | | | | |
| Employer Mailing Address/Principal Pla | ce of Business | Cit | ty | Stat | e Zi | p Code(Plus 4) | Descr | ipti | ion of Contribu | tion |
| Enter Grand Total of Part G on Sch | edule II, In-K | ind | Contributions D | etaile | ed | | | | PAGE T | OTAL |
| Summary Page, Section 3. | | | | | | | | | | 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Pe | eriod | | |
|---------------------------------------|--------------|-----------|-----|------------|
| BETTER GOVERNMENT FOR PA | From | 9/20/2016 | То: | 10/24/2016 |

| | | | | | DATE | | AMOUNT |
|-----------------|----------------------------|-------------|-------------------|---------|-------------|-------------|------------|
| To W | hom Paid | | | мо | DAY | YEAR | |
| FRIE | NDS OF NATE SILCON | | | PIO | | ILAK | |
| Mailing Address | | | 5 | 23 | 2016 | \$ 50.00 | |
| City | MECHANICSBURG | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | |
| | | PA | 17050 | DONATI | ON | | |
| _ | | | | | | | PAGE TOTAL |
| Ente | r Grand Total of Expenditu | \$ 50.00 | | | | | |