Campaign Finance Report

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

| Filer Identification 2008059 Number: | | | | | | Report CA | | CAND | IDATE | DATE COMM | | ITTEE | ✓ | LOBE | SYIST | |
|--|---------------------------------|-------------|--------------------------|------|--------|-----------|----------------|--------------------|-----------|-----------|-------------|--------------------|----------------|-----------|-----------|----------------|
| Name of Filing C | Committee, Candid | late or L | obbyist: | Ī | ВЕТТ | TER | GOVE | ERNMEN | IT FOR | PA | | | | | | |
| Street Address: | 813 CHAMBE | RS STRE | ET | | | | | | | | | | | | | |
| City: | BRESSLER | | | | | | | State: | PA | | | Zip Cod | le: 1 | 7113 | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PF PRIMARY | RE- | 2 | 2. | 30 DA PRIMA | | POST- | 3. | | AMENDM REPORT? | | Yes | No | ~ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY P ELECTION | RE | - 5 | 5. | 30 DA ELECT | | POST- | OST- 6. | | | ATION ? | Yes | No | ~ |
| report type) | ANNUAL REPORT | 7. X | Year 2016 | | | | | IG METH CHECK (| | | | | | / | DISKE | TTE |
| Name of Office S | Sought by Candida | ite: | • | | | | | DATE | OF ELE | CTI | ON | District Number | Office Code | Par | ty Code | County Code |
| | | | | | | | | МО | DAY | Υ | EAR | | 1 | | | |
| | | | | | | | | 1 | 1 | 8 | 2016 | | (SEE I | NSTRUCTIO | ONS FOR C | ODES) |
| Summary of Expenditures | Receipts and | МО | DAY YEA | AR | | | | МО | DAY | Y | EAR | FO | R OFFI | CE USE | ONLY | |
| Expenditures | | | 11 29 | 20 |)16 | Т | <u> </u> | 1 | 2 | 31 | 2016 | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | eport | | | | \$ | | | 24, | 099.45 | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedul | | | | | | | \$ | | | | 239.34 | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | | \$ | | | 24, | 338.79 | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | | \$ | | | | 250.00 | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line C) | | | | \$ | | | 24, | 088.79 | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ed (From Sched | lul | e II | () | \$ | | | | 0.00 | | | | | |
| G. Unpaid Debt | s And Obligations | (From S | Schedule IV) | | | | \$ | | | | 0.00 | | | ' | | |
| | | | AF | H | IDA | ١٧٢ | ΓSE | CTION | | | | | | | | |
| PART I - If this is | s a Committee rep | ort, trea | surer sign here | e. I | f thi | is is | a Can | didate | report, | cand | idate sig | jn here. | | | | |
| I swear (or affirm) correct and comple |) that this report, inc ete. | luding the | e attached schedu | les | filed | d on | paper (| or by elec | tronic m | nediun | ı, are to t | the best o | f my kno | wledge a | and belie | ef , true |
| Sworn to and subs | cribed before me thi | s | 20 | | | | | | | | Signature | of Perso | n Submit | tting Rep | ort | |
| | Signati | | _ | | | | - - | | | | | Prin | ted Nam | e | | |
| My Commission Ex | _ | | | | | | | | | | | Ema | il | | | |
| | МО | D | AY Y | /R | | | - | | Aı | rea Co | de | Daytim | e Telep | hone Nu | mber | |
| Part II- If this is | a report of a can | didate's | authorized Con | nm | itte | e, C | andida | ate shal | l sign h | ere. | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of ed. | my knowl | edge and belief th | nis | politi | tical | commi | ittee has | not viola | ated a | ny provis | ions of the | e act of I | June 3,19 | 937 (P.L. | 1333, |
| Sworn to and subsc | ribed before me this | | | | | | | | | | s | ignature o | of Candid | late | | |
| | day of —— ———— | | | | | | - | | | | | Drint- | d Name | | | |
| | Signature | | | | | | - | | | | | | Hame | | | |
| My Commission Exp | _ | | | | | | | | | | | Ema | il | | | |
| | МО | D | AY | YR | | | • | | Area | Code | | Da | aytime 1 | Γelephon | e Numbe | er |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| , - | | | | |
|--|-----------|-----------|--------------|-------------------|
| Name of Filing Committee or Candidate | Reporting | g Period | | |
| BETTER GOVERNMENT FOR PA | From: | 11/29/201 | <u>6</u> To: | <u>12/31/2016</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) | | | \$ | 239.34 |
| All Other Contributions (Part B) | | | \$ | 0.00 |
| TOTAL for the Reporting | (2) | \$ | 239.34 | |
| 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 | Period | (3) | \$ | 0.00 |
| 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 | | | \$ | 239.34 |

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 Candidate | Reporting | | | |
|---------------------------------------|-----------|------------|-----|------------|
| BETTER GOVERNMENT FOR PA | From: | 11/29/2016 | То: | 12/31/2016 |
| | | DATE | | AMOUNT |

| Full Name of Contributing Commit | tee | | мо | DAY | YEAR | |
|----------------------------------|-------|-------------------|----|-----|------|------------------|
| FRIENDS OF JOHN WEIKLE | | | МО | DAT | ILAK | |
| Mailing Address 4920 HILLTOP RD. | | | | 20 | 2016 | \$ 239.34 |
| City HARRISBURG | State | Zip Code (Plus 4) | 12 | 20 | 2010 | |
| | PA | 17111 | | | | |

PAGE TOTAL 239.34

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 Comm | ittee or Candidate | F | Reporting F | Period | | | |
|-------------------------|--------------------|-------------------|-------------|--------|------|----------|--------|
| | | F | From: | | To | : | |
| | | · | | DATE | | | AMOUNT |
| Full Name of Contributo | r | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | |
| | | | | | | l | |

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 | | | 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 Candidate | | | Rep | orting Pe | riod | | | |
|---|---------------------|----------------|---------|-----------|-------|------|-----|-----------------|
| | From | | | | om: | | | |
| | | | | D | ATE | | | AMOUNT |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | | |
| City | State | Zip Code (Plus | s 4) | | | | | |
| Employer Name | | | | Occupat | tion | | | |
| Employer Mailing Address/Principal Plac | e of Business | City | | • | State | | Zip | Code (Plus 4) |
| Enter Grand Total of Part C on Schee | dule I, Detailed Su | ımmary Page, | Section | on 3. | | | \$ | PAGE TOTAL 0.00 |
| | | | | | | | т | 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 | | Repor | ting Peri | od | | | |
|---------------------------|---------------------------|-----------------|-------------|-----------|------|------|----|------------|
| | | | From: | | | To: | | |
| | | | | [| DATE | | ı | AMOUNT |
| Full Name | | | | МО | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 7 | |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | | I | | 1 | 1 | 1 | ı | |
| | | | . .: | _ | | ſ | P | PAGE TOTAL |
| Enter Grand Total of Part | E on Schedule I, Detailed | i Summary Page, | Section | 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 Per | iod | |
|--|----------------|------------------------------|-------------------|
| BETTER GOVERNMENT FOR PA | From: | <u>11/29/2016</u> To: | <u>12/31/2016</u> |
| 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 Candi | Reporting Period | | | | | | |
|-----------------------------------|--------------------|------------------------|---------|----------|------|-------------|------------|
| | From: | | | | | | |
| | | | | 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 | Name of Filing Committee or Candidate | | | | | 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 F | Period | | |
|---------------------------------------|-------------|------------|-----|------------|
| BETTER GOVERNMENT FOR PA | From | 11/29/2016 | То: | 12/31/2016 |

| | | | | | | AMOUNT | |
|---|-------|-------------------|----------------------------|-----|------|--------|------------|
| To Whom Paid | | | мо | DAY | YEAR | | |
| SUSQUEHANNA TWP. GOP COMM. | | | MO | | ILAK | | |
| Mailing Address 3410 BELAIR RD. | | | 12 | 26 | 2016 | \$ | 250.00 |
| City HARRISBURG | State | Zip Code (Plus 4) | Description of Expenditure | | | | |
| | PA | 17109 | DONAT | [ON | | | |
| | | | | | | | PAGE TOTAL |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | \$ | 250.00 |