

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: P.O. BOX 7365											
City: STEELTON					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.X	30 DAY PRIMARY	POST-PRIMARY	3.	AMENDMENT REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-ELECTION	6.	TERMINATION REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2017	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR				
					11	7	2017	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		3	28	2017		5	1	2017			
A. Amount Brought Forward From Last Report					\$ 24,088.79						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 9,500.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 33,588.79						
D. Total Expenditures (From Schedule III)					\$ 7,000.00						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 26,588.79						
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>3/28/2017</u> To: <u>5/1/2017</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)	\$ 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)	\$ 2,000.00
All Other Contributions (Part D)	\$ 7,500.00
TOTAL for the Reporting Period (3)	\$ 9,500.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 9,500.00
---	-------------

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	Reporting Period
	From: To:

					DATE			AMOUNT	
Full Name of Contributor					MO	DAY	YEAR	\$ 0.00	
Mailing Address									
City		State		Zip Code (Plus 4)					

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 Candidate	Reporting Period
BETTER GOVERNMENT FOR PA	From: <u>3/28/2017</u> To: <u>5/1/2017</u>

DATE				AMOUNT
Full Name of Contributing Committee				
MCNEES PAC				
Mailing Address				
P.O. BOX 1166				
City	State	Zip Code (Plus 4)		
HARRISBURG	PA	17108		
		2	28	2017
				\$ 2,000.00

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

PAGE TOTAL
\$ 2,000.00

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>3/28/2017</u> To: <u>5/1/2017</u>
--	---

				DATE	AMOUNT
Full Name of Contributor J. ALEX HARTZLER				MO	DAY
Mailing Address 2921 N. 2ND STREET				3	31
City HARRISBURG	State PA	Zip Code (Plus 4) 17110	2017		
				\$ 7,500.00	
Employer Name WCI PARTNERS				Occupation PRESIDENT	
Employer Mailing Address/Principal Place of Business 220 MUENCH ST.			City HARRISBURG	State PA	Zip Code (Plus 4) 17102

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

PAGE TOTAL
\$ 7,500.00

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 From: To:
--	--

			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>3/28/2017</u> To: <u>5/1/2017</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:

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							\$ 0.00
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

4/28/2024 2:38:11 AM

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
BETTER GOVERNMENT FOR PA	From <u>3/28/2017</u> To: <u>5/1/2017</u>

DATE				AMOUNT		
To Whom Paid MCNALLY FOR JUDGE			MO	DAY	YEAR	\$ 1,000.00
Mailing Address P.O. BOX 62183			2	15	2017	
City HARRISBURG	State PA	Zip Code (Plus 4) 17106	Description of Expenditure DONATION			
To Whom Paid MORRIS FOR JUDGE			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1634 BUCKINGHAM RD.			2	16	2017	
City HARRISBURG	State PA	Zip Code (Plus 4) 17111	Description of Expenditure DONATION			
To Whom Paid LOWER PAXTON GOP			MO	DAY	YEAR	\$ 1,500.00
Mailing Address 6179 SPRING KNOLL DR.			3	10	2017	
City HARRISBURG	State PA	Zip Code (Plus 4) 17111	Description of Expenditure DONATION			
To Whom Paid CITIZENS FOR TIM SCOTT			MO	DAY	YEAR	\$ 1,000.00
Mailing Address P.O. BOX 395			3	10	2017	
City CARLISLE	State PA	Zip Code (Plus 4) 17013	Description of Expenditure DONATION			
To Whom Paid FRIENDS OF FALESHOCK & WEBSTER			MO	DAY	YEAR	\$ 2,500.00
Mailing Address 966 LARK DRIVE			4	21	2017	
City HARRISBURG	State PA	Zip Code (Plus 4) 17111	Description of Expenditure DONATION			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 7,000.00

