

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.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2017	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	7	2017				
Summary of Receipts and Expenditures from:					MO	DAY	YEAR	FOR OFFICE USE ONLY			
					5	2	2017				
					6	5	2017				
A. Amount Brought Forward From Last Report					\$ 26,588.79						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 11,000.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 37,588.79						
D. Total Expenditures (From Schedule III)					\$ 8,268.94						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 29,319.85						
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>5/2/2017</u> To: <u>6/5/2017</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)	\$ 5,000.00
All Other Contributions (Part D)	\$ 6,000.00
TOTAL for the Reporting Period (3)	\$ 11,000.00

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.)	\$ 11,000.00
---	--------------

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 Candidate	Reporting Period
	From: To:
<div style="display: flex; justify-content: space-between;"> DATE AMOUNT </div>	

Full Name of Contributing Committee			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 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

				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 2,000.00
ECKERT SEAMANS PAC				5	18	2017	
Mailing Address 600 GRANT STREET 44TH FL.							
City	PITTSBURGH	State	PA	Zip Code (Plus 4)	15219		
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 3,000.00
FINANCIAL BUSINESS PERSON'S ASSN PAC				5	11	2017	
Mailing Address 2370 YORK RD. SUITE A-5							
City	JAMISON	State	PA	Zip Code (Plus 4)	18929		

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

PAGE TOTAL	
\$	5,000.00

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>5/2/2017</u> To: <u>6/5/2017</u>
--	--

				DATE			AMOUNT
Full Name of Contributor SHAFFER & ENGLE LAW OFFICE				MO	DAY	YEAR	\$ 500.00
Mailing Address 2205 FOREST HILLS DRIVE SUITE 10 HARRISBURG PA SUITE 10				5	11	2017	
City	State	Zip Code (Plus 4)					
Employer Name N/A				Occupation N/A			
Employer Mailing Address/Principal Place of Business N/A			City		State		Zip Code (Plus 4)
Full Name of Contributor TIM WHALEN				MO	DAY	YEAR	\$ 2,500.00
Mailing Address 2571 HARTWELL COURT				5	11	2017	
City LANCASTER	State PA	Zip Code (Plus 4) 17601					
Employer Name WHALEN INSURANCE				Occupation VP			
Employer Mailing Address/Principal Place of Business 275 HESS BLVD.			City LANCASTER		State PA		Zip Code (Plus 4) 17601
Full Name of Contributor JOEL CALLIHAN				MO	DAY	YEAR	\$ 1,500.00
Mailing Address 1106 JOANN AVE.				5	11	2017	
City EPHRATA	State PA	Zip Code (Plus 4) 17522					
Employer Name BENECON				Occupation CFO			
Employer Mailing Address/Principal Place of Business 147 W. AIRPORT RD.			City LITITZ		State PA		Zip Code (Plus 4) 17543

Full Name of Contributor MATT KIRK			MO	DAY	YEAR	\$ 1,500.00
Mailing Address 131 ESHELMAN RD.			5	11	2017	
City LANCASTER	State PA	Zip Code (Plus 4) 17601				
Employer Name BENECON			Occupation CEO			
Employer Mailing Address/Principal Place of Business 147 W. AIRPORT RD.		City LITITZ	State PA	Zip Code (Plus 4) 17543		

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

PAGE TOTAL
\$ 6,000.00

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>5/2/2017</u> To: <u>6/5/2017</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	\$ 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>5/2/2017</u> To: <u>6/5/2017</u>

DATE				AMOUNT		
To Whom Paid FRIENDS OF EPSTEIN			MO	DAY	YEAR	\$ 1,500.00
Mailing Address 4100 HILLSDALE RD.			5	4	2017	
City HARRISBURG	State PA	Zip Code (Plus 4) 17112	Description of Expenditure DONATION			
To Whom Paid FRIENDS OF EPSTEIN			MO	DAY	YEAR	\$ 500.00
Mailing Address 4100 HILLSDALE RD.			5	11	2017	
City HARRISBURG	State PA	Zip Code (Plus 4) 17112	Description of Expenditure DONATION			
To Whom Paid FRIENDS OF FALESHOCK & WEBSTER			MO	DAY	YEAR	\$ 1,100.00
Mailing Address 966 LARK DRIVE			5	18	2017	
City HARRISBURG	State PA	Zip Code (Plus 4) 17111	Description of Expenditure DONATION			
To Whom Paid FRIENDS OF WILLIAM JONES			MO	DAY	YEAR	\$ 1,368.94
Mailing Address 114 FRANKLIN STREET			5	18	2017	
City STEELTON	State PA	Zip Code (Plus 4) 17113	Description of Expenditure DONATION			
To Whom Paid PUBLIC RECORD PAC			MO	DAY	YEAR	\$ 3,800.00
Mailing Address P.O. BOX 7495			5	25	2017	
City STEELTON	State PA	Zip Code (Plus 4) 17113	Description of Expenditure DONATION			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 8,268.94

