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 2008	3059			Repo Filed		:	CANDI	NDIDATE COMMITTEE \(\square\) LOBBYIST								
Name of Filing C	Committee, Candid	late or L	obbyist:		BETTE	R G	OVE	ERNMEN	T FOR	PA							
Street Address:	PO BOX 7365	,															
City:	STEELTON							State:	PA			Zip Cod	le: 1	7113			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY F PRIMARY	RE-	2.		0 DA RIMA		POST-	3.		AMENDM REPORT		Yes	No	~	1
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5.)		0 DA LECT		POST-	6.		TERMINA REPORT		Yes	No	~	
report type)	ANNUAL REPORT	7.	Year 2017					IG METHO				PAPER		V	DISKE	TTE	
Name of Office S	Sought by Candida	ite:	•					DATE 0	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County	
	- ,							МО	DAY	Y	EAR	Number	Toode			couc	
								11		7	2017	-	(SEE IN	ISTRUCTI	ONS FOR (ODES)	
	Receipts and	МО	DAY YE	AR				МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		9 19	20	017	TO	١	10		23	2017						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			29,	319.85						
B. Total Moneta	ary Contributions	And Rec	eipts (From So	che	dule I))	\$			3,	500.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			32,	819.85						
D. Total Expend	ditures (From Sch	edule II	I)				\$			6,2	250.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			26,5	69.85						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dul	le II)		\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00			•			
			А	FF	IDAV	ΙT	SE	CTION									I
PART I - If this is	s a Committee rep	ort, trea	surer sign her	e. 1	f this	is a	Can	didate r	eport, o	candi	date sig	jn here.					I
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sched	ules	filed o	n pa	per o	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , true	
Sworn to and subs	cribed before me thi day of	S	20								Signature	of Perso	n Submit	ting Rep	ort		
	Signatu	ıre				_						Prin	ted Nam	e			
My Commission Ex	cpires											Ema	il				I
	мо	D	AY	YR					Ar	ea Co	de	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	mm	ittee,	Can	dida	ate shall	all sign here.								
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and belief	this	politica	ıl co	mmi	ittee has n	ot viola	ted ar	ny provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333,	l
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			I
	day of ————————————————————————————————————					_						Printe	d Name				
	Signature					_											
My Commission Exp	ires											Ema	II				
	мо	D	AY	ΥR		_			Area	Code		Da	aytime 1	elephor	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
BETTER GOVERNMENT FOR PA	From:	9/19/201	<u>7</u> To:	<u> 10/23/2017</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)			\$	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	J 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

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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.

0.00

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 Filling Committee of Candidate			Reporting Period From: To:					
			Fro	m:		10):	
					DATE		AMOUNT	
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
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				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule 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 Cand	date			Rep	orting Pe	riod			
BETTER GOVERNMENT FOR PA				Fron	n:	9/19/2	<u>017</u> T o):	10/23/2017
					D	ATE		АМ	IOUNT
Full Name of Contributor J. ALEX HARTZLER					МО	DAY	YEAR		
Mailing Address 2233 N. FRONT	ST							\$	3,500.00
City HARRISBURG	State PA		p Code (Plus 7110	4)	10	23	2017		
Employer Name WCI PARTNERS					Occupat	tion N	1ANAGI	ng parti	NER
Employer Mailing Address/Principa Business	I Place of		City			State		Zip Code	e (Plus 4)
1900 N 2ND ST			HBG			PA		17102	
Enter Grand Total of Part C on	Schedule I, Detai	iled Sumn	mary Page,	Section	on 3.			P.A	AGE TOTAL
								\$	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	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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>9/19/2017</u> To:	10/23/2017
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 Candidat	:e		Reporting	g Period			
			From:			То:	
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				Re	porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporti	ng Period			
BETTER GOVERNMENT FOR PA			From	<u>9/19</u>	9/2017	То:	10/23/2017
				DATE			AMOUNT
To Whom Paid LALLEY FOR JUDGE			МО	DAY	YEAR		
Mailing Address 112 STATE S	ST .		6	20	2017	\$	500.00
City HBG	State PA	Zip Code (Plus 4) 17101	Descrip DONAT	otion of Exp	penditure		
To Whom Paid SUSQUEHANNA TWP GOP			МО	DAY	YEAR		
Mailing Address 3410 BELAIR RD				7	2017	\$	250.00
City HBG	State PA	Zip Code (Plus 4) 17109	Descrip DONAT	otion of Exp	enditure	<u> </u>	
To Whom Paid 4H REPUBLICAN COMMITTEE	•		МО	DAY	YEAR		
Mailing Address 613 W MAIN	I ST		9	14	2017	\$	500.00
City HUMMELSTOWN	State PA	Zip Code (Plus 4) 17036	Descrip DONAT	otion of Exp	penditure		
To Whom Paid US POSTMASTER			МО	DAY	YEAR		
Mailing Address 1425 CROOKED HILL RD			10	18	2017	\$	5,000.00
City HBG	State PA	Zip Code (Plus 4) 17107	Descrip POSTA	otion of Exp	penditure	•	
	I	I					PAGE TOTAL

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

6,250.00