

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		2008059		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> BETTER GOVERNMENT FOR PA												
<b>Street Address:</b> PO BOX 7365												
<b>City:</b> STEELTON						<b>State:</b> PA			<b>Zip Code:</b> 17113			
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2017	<b>FILING METHOD ( ) CHECK ONE</b>				<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>			
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>				
						11	7	2017	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		10	24	2017		11	27	2017				
<b>A. Amount Brought Forward From Last Report</b>						\$ 26,569.85						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 10,500.00						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 37,069.85						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 11,811.16						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 25,258.69						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
BETTER GOVERNMENT FOR PA	From: <u>10/24/2017</u> To: <u>11/27/2017</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 2,500.00
<b>All Other Contributions (Part D)</b>	\$ 8,000.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 10,500.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 10,500.00
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## 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.

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
BETTER GOVERNMENT FOR PA	<b>From:</b> <u>10/24/2017</u> <b>To:</b> <u>11/27/2017</u>

				DATE			AMOUNT					
Full Name of Contributing Committee					MO	DAY	YEAR	\$	2,500.00			
ECKERT SEAMANS PA GOVERNMENT PAC												
Mailing Address					11	27	2017					
600 GRANT ST. 44TH FLOOR												
City			PITTSBURGH		State		PA		Zip Code (Plus 4)		15219	

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

<b>PAGE TOTAL</b>
\$ 2,500.00

**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.)**

<b>Name of Filing Committee or Candidate</b>  BETTER GOVERNMENT FOR PA	<b>Reporting Period</b>  From: <u>10/24/2017</u> To: <u>11/27/2017</u>
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				DATE	AMOUNT
<b>Full Name of Contributor</b> MATTHEW TUNNELL				<b>MO</b>	<b>DAY</b>
<b>Mailing Address</b> 1225 AUBURN AVE				11	7
<b>City</b> HUMMELSTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17036		2017	\$ 1,000.00
<b>Employer Name</b> LIFT DEVELOPMENT				<b>Occupation</b> PRESIDENT	
<b>Employer Mailing Address/Principal Place of Business</b> 451 W MAIN ST			<b>City</b> MIDDLETOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17057
<b>Full Name of Contributor</b> TIMOTHY WHALEN				<b>MO</b>	<b>DAY</b>
<b>Mailing Address</b> 2571 HARTWELL CT				11	7
<b>City</b> LANCASTER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17601		2017	\$ 2,000.00
<b>Employer Name</b> WHALEN INSURANCE				<b>Occupation</b> INSURANCE SALES	
<b>Employer Mailing Address/Principal Place of Business</b> 275 HESS BLVD			<b>City</b> LANCASTER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17601
<b>Full Name of Contributor</b> FRANK BRESCIA III				<b>MO</b>	<b>DAY</b>
<b>Mailing Address</b> 7955 JONESTOWN RD				11	7
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17112		2017	\$ 3,000.00
<b>Employer Name</b> BRESCIA ORTHOPEDICS				<b>Occupation</b> PRESIDENT	
<b>Employer Mailing Address/Principal Place of Business</b> 7955 JONESTOWN RD			<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17112
<b>Full Name of Contributor</b> JOEL E. CALLIHAN				<b>MO</b>	<b>DAY</b>
<b>Mailing Address</b> 1106 JOANN AVE				10	31
<b>City</b> EPHRATA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17522		2017	\$ 1,000.00
<b>Employer Name</b> BENECON				<b>Occupation</b> CFO	
<b>Employer Mailing Address/Principal Place of Business</b> 147 W. AIRPORT RD			<b>City</b> LITITZ	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17543

<b>Full Name of Contributor</b> MATTHEW KIRK			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b> 131 ESHELMAN RD			10	31	2017	
<b>City</b> LANCASTER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17601				
<b>Employer Name</b> BENECON			<b>Occupation</b> VP			
<b>Employer Mailing Address/Principal Place of Business</b> 147 W. AIRPORT RD		<b>City</b> LITITZ	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17543		

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

<b>PAGE TOTAL</b>
<b>\$</b> 8,000.00

## 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: <span style="float: right;">To:</span>
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				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.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
BETTER GOVERNMENT FOR PA		From: <u>10/24/2017</u> To: <u>11/27/2017</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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			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.						<b>PAGE TOTAL</b>  \$ 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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
BETTER GOVERNMENT FOR PA	From <u>10/24/2017</u> To: <u>11/27/2017</u>

DATE				AMOUNT
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
COMMITTEE TO ELECT CHRISTINE HOLMAN				
<b>Mailing Address</b> PO BOX 35	10	31	2017	\$ 250.00
<b>City</b> MAHANOEY CITY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17113	<b>Description of Expenditure</b> DONATION	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
ARMSTRONG PRINTERY				
<b>Mailing Address</b> 2940 JEFFERSON ST	11	1	2017	\$ 392.20
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17110	<b>Description of Expenditure</b> PRINTING	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
DAVID FEIDT				
<b>Mailing Address</b> 763 ZURICK DR	11	6	2017	\$ 5,000.00
<b>City</b> HUMMELSTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17036	<b>Description of Expenditure</b> REIMBURSEMENT	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
EE SMITH DESIGNS				
<b>Mailing Address</b> 2002 COLUMBIA AVE	11	9	2017	\$ 600.00
<b>City</b> CAMP HILL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17011	<b>Description of Expenditure</b> DESIGN	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
ARMSTRONG PRINTERY				
<b>Mailing Address</b> 2940 JEFFERSON ST	11	7	2017	\$ 481.24
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17110	<b>Description of Expenditure</b> PRINTING	
<b>To Whom Paid</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
FRIENDS OF FALESHOCK & WEBSTER				
<b>Mailing Address</b> 966 LANC DR	11	8	2017	\$ 1,728.76
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111	<b>Description of Expenditure</b> DONATION	

<b>To Whom Paid</b> FRIENDS OF JUSTIN WARREN			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 2,600.00
<b>Mailing Address</b> 318 VILLAGE WAY			11	8	2017	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17112	<b>Description of Expenditure</b> DONATION			

  

<b>To Whom Paid</b> FRIENDS OF WILLIAM JONES			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 758.96
<b>Mailing Address</b> 114 FRANKLIN ST.			11	7	2017	
<b>City</b> STEELTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17113	<b>Description of Expenditure</b> DONATION			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						<b>\$</b> 11,811.16

