

# 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: PO 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 POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	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	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		10	24	2017		11	27	2017			
A. Amount Brought Forward From Last Report					\$ 26,569.85						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 10,500.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 37,069.85						
D. Total Expenditures (From Schedule III)					\$ 11,811.16						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 25,258.69						
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

<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 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
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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.

<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 KIRK				<b>MO</b>	<b>DAY</b>	<b>YEAR</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	
<b>Full Name of Contributor</b> JOEL E. CALLIHAN				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b> 1106 JOANN AVE				10	31	2017	
<b>City</b> EPHRATA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17522					
<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> FRANK BRESCIA III				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 3,000.00
<b>Mailing Address</b> 7955 JONESTOWN RD				11	7	2017	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17112					
<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> TIMOTHY WHALEN				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 2,000.00
<b>Mailing Address</b> 2571 HARTWELL CT				11	7	2017	
<b>City</b> LANCASTER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17601					
<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> MATTHEW TUNNELL				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b> 1225 AUBURN AVE				11	7	2017	
<b>City</b> HUMMELSTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17036					
<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	

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

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

<b>To Whom Paid</b> FRIENDS OF FALESHOCK & WEBSTER			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,728.76
<b>Mailing Address</b> 966 LANC DR			11	8	2017	
<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>	\$ 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>	\$ 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>
						\$ 11,811.16

