

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	TO	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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 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>10/24/2017</u> To: <u>11/27/2017</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)	\$ 2,500.00
All Other Contributions (Part D)	\$ 8,000.00
TOTAL for the Reporting Period (3)	\$ 10,500.00

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.)	\$ 10,500.00
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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:
DATE AMOUNT	

Full Name of Contributing Committee	MO	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 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				\$ 0.00
Mailing Address	MO	DAY	YEAR	
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 BETTER GOVERNMENT FOR PA	Reporting Period From: <u>10/24/2017</u> To: <u>11/27/2017</u>
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	DATE			AMOUNT
Full Name of Contributing Committee ECKERT SEAMANS PA GOVERNMENT PAC	MO	DAY	YEAR	
Mailing Address 600 GRANT ST. 44TH FLOOR	11	27	2017	\$ 2,500.00
City PITTSBURGH State PA Zip Code (Plus 4) 15219				

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

PAGE TOTAL
\$ 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.)**

Name of Filing Committee or Candidate BETTER GOVERNMENT FOR PA	Reporting Period From: <u>10/24/2017</u> To: <u>11/27/2017</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
MATTHEW KIRK					
Mailing Address 131 ESHELMAN RD	10	31	2017	\$	1,000.00
City LANCASTER State PA Zip Code (Plus 4) 17601					
Employer Name BENECON	Occupation VP				
Employer Mailing Address/Principal Place of Business 147 W. AIRPORT RD	City LITITZ		State PA	Zip Code (Plus 4) 17543	
JOEL E. CALLIHAN					
Mailing Address 1106 JOANN AVE	10	31	2017	\$	1,000.00
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	
FRANK BRESCIA III					
Mailing Address 7955 JONESTOWN RD	11	7	2017	\$	3,000.00
City HARRISBURG State PA Zip Code (Plus 4) 17112					
Employer Name BRESCIA ORTHOPEDICS	Occupation PRESIDENT				
Employer Mailing Address/Principal Place of Business 7955 JONESTOWN RD	City HARRISBURG		State PA	Zip Code (Plus 4) 17112	

Full Name of Contributor TIMOTHY WHALEN			MO	DAY	YEAR	\$ 2,000.00
Mailing Address 2571 HARTWELL CT			11	7	2017	
City LANCASTER	State PA	Zip Code (Plus 4) 17601				
Employer Name WHALEN INSURANCE			Occupation INSURANCE SALES			
Employer Mailing Address/Principal Place of Business 275 HESS BLVD		City LANCASTER	State PA	Zip Code (Plus 4) 17601		

Full Name of Contributor MATTHEW TUNNELL			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1225 AUBURN AVE			11	7	2017	
City HUMMELSTOWN	State PA	Zip Code (Plus 4) 17036				
Employer Name LIFT DEVELOPMENT			Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business 451 W MAIN ST		City MIDDLETOWN	State PA	Zip Code (Plus 4) 17057		

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

PAGE TOTAL
\$ 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: _____ To: _____

				DATE	AMOUNT
Full Name	MO	DAY	YEAR		
Mailing Address				\$	0.00
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 BETTER GOVERNMENT FOR PA	Reporting Period From: <u>10/24/2017</u> To: <u>11/27/2017</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

**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>10/24/2017</u> To: <u>11/27/2017</u>

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

To Whom Paid FRIENDS OF FALESHOCK & WEBSTER			MO	DAY	YEAR	\$ 1,728.76
Mailing Address 966 LANC DR			11	8	2017	
City HARRISBURG	State PA	Zip Code (Plus 4) 17111	Description of Expenditure DONATION			
To Whom Paid FRIENDS OF JUSTIN WARREN			MO	DAY	YEAR	\$ 2,600.00
Mailing Address 318 VILLAGE WAY			11	8	2017	
City HARRISBURG	State PA	Zip Code (Plus 4) 17112	Description of Expenditure DONATION			
To Whom Paid FRIENDS OF WILLIAM JONES			MO	DAY	YEAR	\$ 758.96
Mailing Address 114 FRANKLIN ST.			11	7	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 \$ 11,811.16

